

OurCare | NosSoins

Manitoba Priorities Panel on Primary Care:

**New perspectives and
possibilities for the future of
primary care in Canada**

***A Report by Members
of the Public***

December 2023

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Note from the Co-Chairs



Jasmin Kay
OurCare MB Panel Co-Chair

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Dr. Mandy Buss
OurCare MB Panel Co-Chair

Indigenous Health Lead for Department of Family Medicine and Undergraduate Medical Education Course Director, Indigenous Health, Max Rady College of Medicine, University of Manitoba

The Manitoba Priorities Panel was the last of five OurCare panels, and it brought thirty volunteers together to learn about primary care in Manitoba and deliberate about its future. This report is the product of the collective learning and the thoughtful dialogue that ensued.

Deliberative processes like the Manitoba Priorities Panel bring people with diverse experiences and perspectives into a room, and ask them to find common ground and a shared sense of purpose and responsibility. Their aim is to come to consensus around a set of values, priorities, and recommendations that reflect the needs and the interests of the broader public they represent.

The members of the Manitoba panel broadly reflected the socio-demographics of Manitoba itself and we worked hard to ensure that the proportion of Indigenous panel members would be closer to the real world numbers than those found in the census (which is widely understood to be an undercount). We recognize that Indigenous People have

historically been underrepresented at tables and in discussions about decisions that affect their health. First Nation, Métis, and Inuit Peoples in Canada have experienced over a century of poorer outcomes in all health indicators compared to non-Indigenous Canadians. This is the direct result of colonization and entrenched anti-Indigenous racism. The panel also included individuals from smaller, northern communities as well as the rapidly growing newcomer population in Manitoba.

This report puts forward 37 recommendations, nine of which were developed by its Indigenous members about improving access to primary care for Indigenous People across the province. The other 28 recommendations are calls to action for clearer communication, more accountability, and for primary care delivery that better meets the needs of Manitobans in urban, rural, and remote parts of the province.

We would like to thank the panel's many guest speakers who shared their perspectives on what is needed to elevate the primary care system in Manitoba so that high quality care and equity are the norm.

Finally, we also wish to thank and commend the members of the Manitoba Priorities Panel themselves who brought conviction, perseverance, openness, and goodwill into the room. Their report is a rallying cry for policy-makers to implement some long overdue change, and it couldn't coming at a better time.



Jasmin Kay

OurCare Manitoba Priorities Panel Co-Chair



Dr. Mandy Buss

OurCare Manitoba Priorities Panel Co-Chairs

What Policy Makers Should Know



Dr. Amanda Condon,
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Family Physician, Notre Dame de Lourdes, MB Associate Professor, Department of Family Medicine, Max Rady College of Medicine, University of Manitoba



Dr. Alan Katz,
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Dr. Tara Kiran,
OurCare Principal Investigator

Family Physician, St. Michael's Hospital Academic Family Health Team Scientist, MAP Centre for Urban Health Solutions, St. Michael's Hospital, Unity Health Toronto Fidani Chair in Improvement and Innovation, University of Toronto

Manitobans are passionate about health care and are concerned about the state of our health care system. There is abundant evidence that a high-functioning health care system must rest on a solid foundation of accessible, high-quality primary care.

Manitoba has the lowest per capita number of family physicians in Canada, and the health of our geographically dispersed population is suffering due to a struggling primary care “system.” The system needs reform and as we move forward, it is critical that we involve Manitobans themselves – those whom the system is supposed to serve – to help shape its redesign.

Between September and October 2023, OurCare gathered 30 Manitobans from

different walks of life to learn about the primary care system and arrive at recommendations for how to improve it. The Manitoba panelists collectively spent 30 hours learning and deliberating. Together they wrote this report which includes the values that should underlie the system, identifies key issues that need to be addressed, and, finally, lays out a number of bold recommendations for improving primary care in Manitoba.

The OurCare panelists highlighted that primary care delivery in Manitoba does not currently meet the needs of all Manitobans. The panel highlighted access to primary care in rural, remote and First Nations communities as a specific challenge. Access to primary care for all Manitobans was a principal value identified by the group and was

evident in all of their recommendations.

The panelists identified recommendations for a more structured, accessible, and easily understandable primary care system. The panelists want a primary care system that is coordinated through a comprehensive data system and want access to services to be available at all hours. Electronic medical records that are easy to access by both patients and clinicians was also a key recommendation. The panel recognizes that we have a human resources crisis in the province and proposed a series of actions to address both the shortage and maldistribution of health care providers. Community-based primary care teams, with team members working together to address patients' needs in a more comprehensive, whole-person-focused way, was another key recommendation.

The Manitoba OurCare Advisory Committee insisted that we include a robust Indigenous voice in our Priority Panel. Almost one-third of our panel members self-identified as First Nations, Métis or Inuit. The panelists made several recommendations to address the specific gaps in access to primary care for First Nations, Métis and Inuit people.

Boldly, they called for a separate Indigenous health department and recommended Indigenizing the medical education curriculum. They recommended training and mentoring Indigenous peoples to take on more roles in the health care workforce and wanted clinicians to have a community orientation to ensure care was trauma-informed and community-centred. Panelists also had several recommendations related to promoting equity and addressing the social determinants of health more broadly, including mandatory cultural humility training for health care professionals.

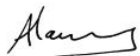
Accountability and transparency of the system were identified as essential elements by the panelists who noted that the current system has several significant barriers that make it challenging for many people to access. The panelists highlighted the importance of the public in informing a primary care system that meets the needs of its citizens, and they want to be able to easily understand how the system is performing, using real world measurements that matter to them.

The Manitoba OurCare panelists have

provided recommendations that give clear guidance on the value of primary care and demand a commitment to building a stronger primary health care system for all Manitobans. As they write in the report, “The current system honours the system more than it honours and cares for the people it should serve ... This panel has modeled the respect, compassion, active listening and relationship-building that needs to be reflected in the primary care system.”



Dr. Amanda Condon, *OurCare Manitoba Co-Lead*



Dr. Alan Katz, *OurCare Manitoba Co-Lead*



Dr. Tara Kiran, *OurCare Principal Investigator*



Small plaque or sign on the wood-paneled wall to the left of the group.

Name tag: Mandy

Name tag: TARA KIRAN

Name tag: Beth

Name tag: ALPHE

Name tag: JAMES

MANITOBA OPERA →



OurCare | Nos Soins

Welcome
Bienvenue

PROTECT
YOUR
TODAY'S
FLOWS

Jacelyn

Aryo

Judi

Laurel

Neelani

Manitoba Priorities Panel on Primary Care

The OurCare Manitoba Priorities Panel brought together 30 people living in Manitoba, randomly selected to roughly match the province's demographics. They spent approximately 30 hours learning from experts and deliberating together before making recommendations on what a better primary care system should look like. OurCare has also conducted Priorities Panels in Ontario, Quebec, British Columbia and Nova Scotia in 2023. For more information, visit OurCare.ca/PrioritiesPanels.

Manitoba Priorities Panel At-a-Glance

30 members
15 speakers
31 program hours
37 recommendations

Members' Values

- Available
- Holistic
- Understandable
- Connected
- Accountable
- Accessible
- Considerate
- Sustainable

Recommendation Highlights:

Increase the number of health professionals

- Expedite the process to recognize the qualifications of internationally trained medical graduates and develop peer mentorship-based training to help them integrate into the Canadian system.
- University of Manitoba and University College of the North should establish and offer a range of education and training programs, in the north, for primary care providers.
- Actively promote Manitoba as an appealing place to live and practice medicine.

Ensure holistic, person-centred care

- Continue the shift from individual fee-for-service practitioners to team-based models (e.g. ACCESS centres) that offer holistic care from a variety of in-house professionals.
- Offer after hours care, 24/7 access to primary care to ensure continuous access and move beyond the traditional 9-5 practice hours.

Equity and Social Determinants of Health

- Mandate cultural humility training as a requirement to keeping one's license in good standing.
- Establish mobile health clinics that bring primary care to rural and remote residents.
- Mandate a social worker or community resource worker as a full-time member of all health teams.

Our Care

Recommendation Highlights (cont'd):

The Problems we Want Solved

The public feels disrespected • Care is not coordinated or connected • Care is difficult to access • There is a crisis in human resources • The system lacks accountability • The system is not designed to serve everyone • Funding and political will are lacking

Gender

16 women
13 men
1 non-binary

Age

2 18-29 years old
7 30-44 years old
14 45-64 years old
7 65+ years old

Geography

18 Winnipeg
4 North
4 South
2 Interlake
2 Prairie Mt.

9 Members who identify as Indigenous
5 Members who have been in Canada less than 10 years
5 Members who identify as part of a racialized group

Care for Indigenous Peoples

- Create and promote an Indigenous Health Department within the provincial government.
- Indigenize the entire medical curriculum to create a trauma-informed curriculum that stands firmly against anti-Indigenous racism.
- Implement a mandatory community orientation process for new professionals entering a community to welcome and guide clinicians through roles and responsibilities to the community.

Foster Connectivity and Transparency

- Ensure patient health information is safely and securely stored in a centralized electronic database that patients and health care providers can easily access at no cost.
- Require health care providers to follow a clearly defined series of communication steps that aligns with the patient care plan so that patients are informed and understand their treatment plan.
- Establish a publicly funded health care Ombudsperson to ensure the public (i.e. patients and caregivers) have a strong, accessible, and mandated defender of their rights.

Inform and Engage the Public

- Develop and deliver a sustained multi-faceted public education campaign de-mystifying the primary care system, to empower individuals to make informed choices about their care.
- Provide a single point for ongoing access to data about performance of the primary health care system.
- Extend the mandate of the Manitoba Priorities Panel as an ongoing citizens' panel on primary care priorities.



Understanding the Panel Process

A Priorities Panel is a long-form deliberative process that typically involves 30 to 48 randomly selected residents. These residents are chosen using a process called a civic lottery, a random selection method that prioritizes fairness and wide representation. The individuals selected for a priorities panel come together to learn about, and then advise public authorities on, divisive and complex issues that typically involve trade-offs or compromises. The panel members' objective is to reach a consensus on a series of recommendations that can be directed to government, professional associations, and society at large.

What is a Civic Lottery?

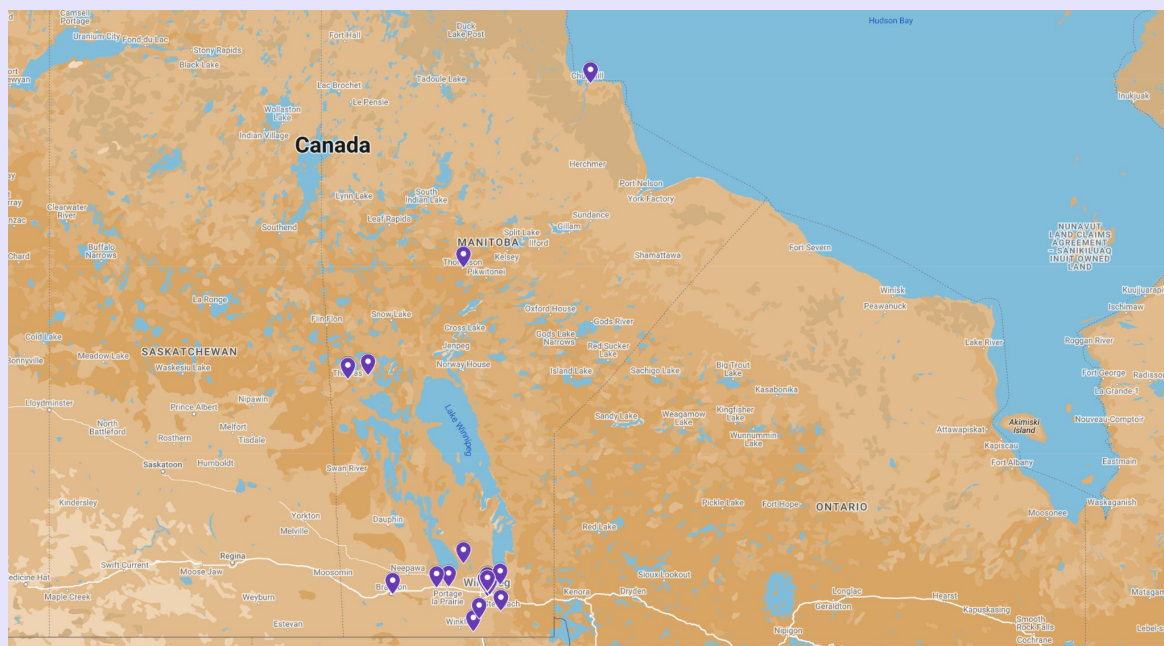
A civic lottery is a balanced way of selecting the members of a priorities panel. It is based on a form of sortition that uses a randomized selection process to recruit panelists from a pool of volunteers who have indicated their interest in serving on the panel. The stratified civic lottery process ensures that members of the panel are fairly selected and broadly representative of the demographic makeup of Manitoba.

OurCare deliberately sought to overrepresent residents known to be underserved by the primary health care system, namely: racialized, lower income, newcomer, and gender non-conforming residents; those who live in rural, remote, or northern regions of the province; and members of First Nation, Métis, and Inuit communities. In short, the panel was composed in such a way as to deliver demographic diversity and to ensure we heard from residents who are most disadvantaged by the current system.

Manitoba has the highest proportion of Indigenous residents of any province and upon the advice of the Manitoba Advisory Group, we set out to ensure the Priorities Panel would have a strong First Nations, Métis, and Inuit presence. With the help and support of local partners like the Manitoba Métis Federation, the University of Manitoba, and Ongomiizwin, we sent out the invitation to volunteer for the panel to Indigenous residents. In the end, almost 30 percent of the panel members self-identified as First Nation, Métis or Inuit, which, by some estimates, is likely closer to the real world proportion of Indigenous people living in Manitoba.

Panel Snapshot

30 members



Gender:*

- 16 - women
- 13 - men
- 1 - non-binary

Age:

- 2 - 18-29 years old
- 7 - 30-44 years old
- 14 - 45-64 years old
- 7 - 65+ years old

Members who identify as Indigenous: 9

Members who have been in Canada less than 10 years: 5

Geography:

- 18 - Winnipeg
- 4 - North
- 4 - South
- 2 - Interlake
- 2 - Prairie Mt.

Members who identify as part of a racialized group: 5

* - "Women" refers to cisgender and transgender women. "Men" refers to cisgender and transgender men.



The Members' Report of the **Manitoba** Priorities Panel on Primary Care



Who We Are and Why We Volunteered

The 30 members of Manitoba's OurCare Priorities Panel are individuals connected by a common passion to improve the primary care system in this province.

We are activists, advocates, and problem-solvers. We try to make lives easier for the people we care about, and the people we work with and for.

We come from all areas of the province: rural communities, remote and isolated communities, urban settings, and Indigenous communities. We reflect the demographics of the province by age, gender, and socio-economic background. Some of us have lived here for generations, some of us are newcomers with little to no experience with Manitoba's health care system. We are workers, we are patients, we are caregivers. All of us are potential future patients.

We hold diverse fundamental perspectives and convictions, but we came here determined to work together for the betterment of all. We've learned about working as a team and we've learned about how teamwork can revolutionize our primary care system.

The rich diversity of our group allowed us to identify and analyze the problems related to primary care from various perspectives, consider many different points of view, and debate a wide range of possible solutions. We were encouraged to have an open mind, be empathic to one another, and share challenges we may be experiencing with health care.

We all have lived experience with primary care in different ways and to different extents and with unequal outcomes.

Over the course of the past three days, we have heard our colleagues share how they have been abused, marginalized, and ignored by the system.

We have also heard from health care professionals and learned from their passion and dedication about how the system could be made better.

Together we feel that the current primary health care system honours the system more than it honours and cares for the people it should serve.

We truly hope this report is the vehicle through which our voices and

ideas for improvement are heard, and that it will be meaningfully acted upon by decision-makers.

This panel has modelled the respect, compassion, active listening, and relationship-building that needs to be reflected in the primary care system.

Some of us have been vulnerable and shared our stories, trusting others in the room we barely know, in order to inform the issues we're addressing and make them personal instead of abstract.

After our intense time together in the room, and in two previous online sessions, we don't want this to be the last opportunity we have for our voices to be heard.

This cannot be a report that ends up on a shelf. We expect to have our collective voice acknowledged, truly heard, and acted upon.

What We Learned

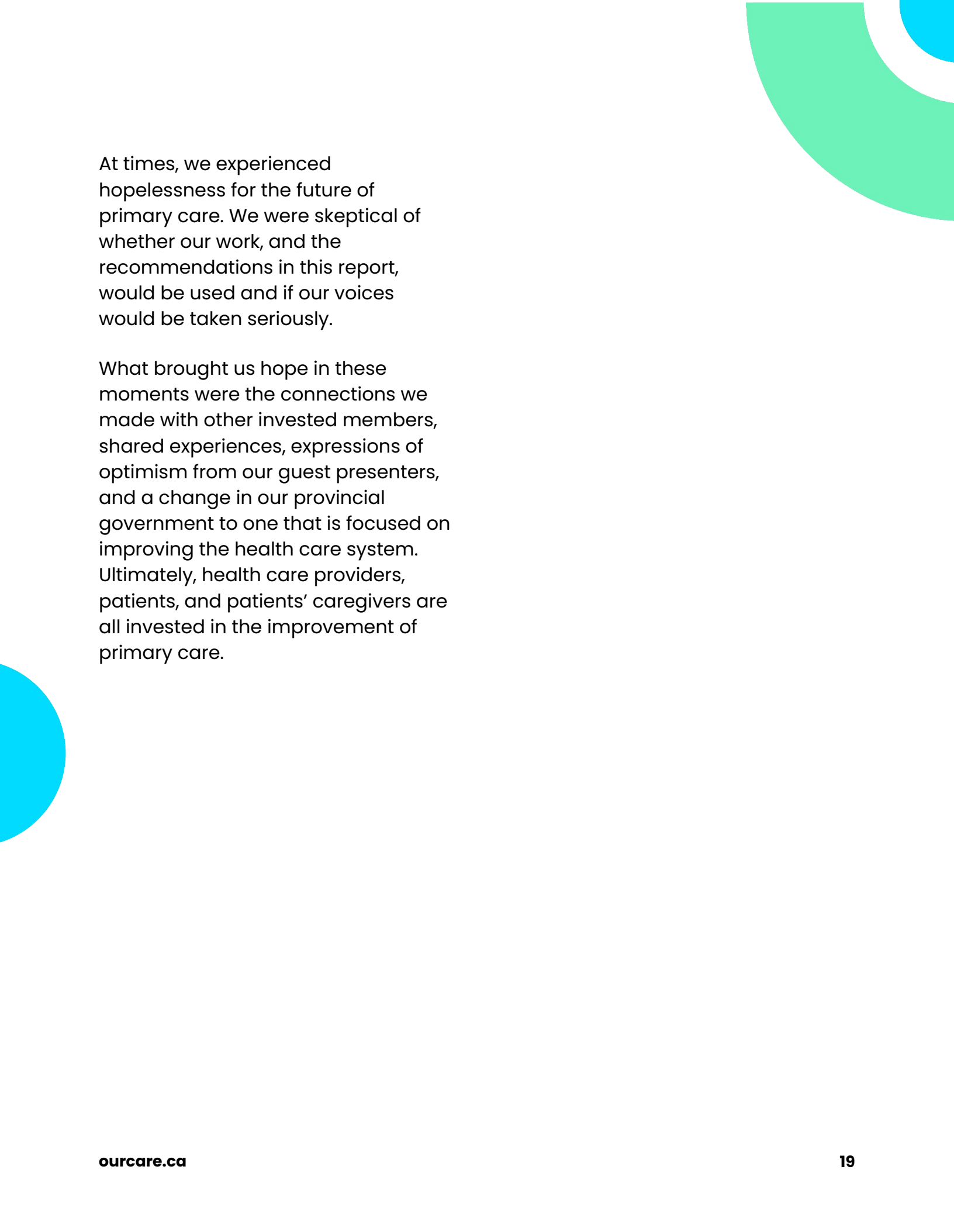
During our first online meetings, the Manitoba Priorities Panel members were asked to think of primary care as the "first contact" with health care and as an entity that provides comprehensive, coordinated, and continuous care that is convenient and provided with cultural humility.

During the online and in-person sessions, the panel was provided with more information about local health care from professionals working in Manitoba and other parts of Canada.

Through these presentations and panel discussions with key stakeholders and actors within the health care system, it was clear that the goals of both patients and providers is to improve the delivery of primary care. For many of our members, the relationship between patient and provider has felt adversarial due to entrenched issues within the health care system and its administration.

Sharing our stories of grief, hardship, and also success, we felt empowered. We all had deeply personal and important stories to share, and this commonality provided a basis for unity.

Our group acknowledged unanimously the disproportional negative impact that our current health system and its administration has had on Indigenous Peoples due to the historic and ongoing enactment of colonization. We ensured that Indigenous health was an undisputed priority in the development of this report.



At times, we experienced hopelessness for the future of primary care. We were skeptical of whether our work, and the recommendations in this report, would be used and if our voices would be taken seriously.

What brought us hope in these moments were the connections we made with other invested members, shared experiences, expressions of optimism from our guest presenters, and a change in our provincial government to one that is focused on improving the health care system. Ultimately, health care providers, patients, and patients' caregivers are all invested in the improvement of primary care.



The Challenges We Want Solved

We identified seven challenges to solve.

The public feels disrespected

The general public is largely unaware of initiatives that are underway to make the primary care experience better for all people. Not knowing how primary care is supposed to “work” causes undue strain and needless confusion to any visit to a primary care centre.

This OurCare panel has identified deficiencies around public education, communication to seniors and other high needs groups, evaluation, and access to information that contribute to this feeling of disrespect and isolation.

Care is not coordinated or connected

Due to a lack of a connected and integrated care system, people do not have access to their medical records in a coordinated manner. For the same reason, care providers also do not have visibility into the whole picture of one’s health. This lack of connected systems of care, access to personal health information, and uniform procedures means that access to health care is often

disjointed, and coordination and information-sharing related to care is difficult and inefficient.

Care is difficult to access. Accessing primary care is almost certain to put undue strain and disrupt many people’s daily lives and this problem disproportionately affects Manitoba’s most vulnerable populations.

Care is difficult to access

There is a lack of accessible care that is close to home and open at reasonable times. Long wait times for primary care appointments make medical problems worse, and the need for many to travel to receive care puts strain on financial resources as well as work and home responsibilities.

Primary care is not convenient, nor are the resources to access these in a timely manner. When care is difficult to access, support from family, newcomer and social groups offering help to Indigenous Peoples, newcomers, and others who are inequitably represented, is often missing or insufficient.

There is a crisis in human resources

There is an inadequate number of primary care professionals especially outside of urban areas. Many health care professionals who choose to work in rural and remote geographies stay in those locations for only short periods of time, contributing to significant staff turnover. Staffing issues are exacerbated in the northern areas of the province.

Standardized means of reimbursement and proper compensation for health care providers are important issues. Barriers to getting more and appropriate primary care clinical staff include:

- Too few seats in post-secondary education, especially for those wishing to work in Canada, in Manitoba, and in Manitoba's rural and remote regions
- Barriers to seamlessly merging internationally trained and/or accredited professionals into meaningful health care positions in Manitoba
- A lack of diversity in trained professionals who choose to work in Manitoba
- Financial barriers to training

An examination of the dynamics surrounding the ability to access post-secondary education may reveal significant barriers both within the admissions process and in the underlying structure of admission procedures.


The system lacks accountability

The system lacks accountability and there is too much bureaucracy around decisions about health care – decisions that are not always communicated across the system nor to the public.

It is not easy to know when the system or a provider does not follow existing policies or what enforcement mechanisms exist as a recourse. Care is inconsistent between different centers and providers, and focus of care varies based on location. It feels like the system is antiquated and has not evolved to meet the needs of the population in this province.

The system is not designed to serve everyone

The system is designed to support a business model, rather than to provide care for patients and their caregivers. This leaves room for provider bias against minority groups like Indigenous Peoples, 2sLGBTQIA+, neurodiverse populations, and




supports existing systemic racism. It encourages bias towards violence-related injuries and addiction.

The system is designed to serve those who are better equipped to vigorously seek out information and advocate for their health, while those without advanced research and advocacy skills (like newcomers, those with language barriers, and Manitobans who have been consistently and critically overlooked and marginalized) are left to suffer with substandard care.

Funding and political will are lacking

The system at large is underfunded and resources are misdirected. Many hospitals in Manitoba have significant fundraising teams to make up for underfunding and many people donate because they believe that is where funding is most needed. Often, donors and the public are unaware of the extent to which primary care has become underfunded and there is a common misconception among those contributing to health-related charities that these organizations are the areas where funds are most needed.



Funds that are directed to health care by the government tend to be reactionary rather than proactive. The funding model can be described as “attention-based” (the shiny apple gets the funding) rather than “needs-based.”

The allocation of resources to health care needs to be de-politicized, and spent on the real needs of the Manitoban public, with a priority placed on innovation and inclusion. The existing model doesn’t allow for innovation and applies a bureaucratic lens that often misses the jurisdictional gaps that make primary health care in Manitoba inequitable. More attention must be placed on the long-term health of those in rural, remote and northern geographies as well as marginalized peoples. More attention needs to be spent in resolving long-standing gaps in care provided to Indigenous Peoples through a hodge-podge of federal and provincial funding.





Our Values

We identified eight values that we want to guide primary care renewal in Manitoba. They are: available, accessible, holistic, understandable, connected, accountable, considerate, and sustainable.

Available

Available primary care means that all Manitobans have the right to care.

Accessible

Primary care is accessible health care in a timely fashion to all people when and where they need it. Accessible care is important because access to primary care promotes wellness and prevents or reduces the severity of health issues.

Accessible means broader and more comprehensive health care than is currently available at no additional personal cost. Accessible primary care should endeavour to remove financial, social, physical and geographic barriers and other negative determinants of health.

Holistic

Holistic care addresses a person's well-being as it relates to their physical, medical, emotional, spiritual, social, and financial situations (to name a few). Holistic

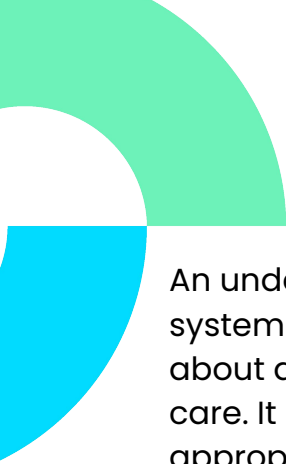
care recognizes the necessity of continuous, ongoing care, which leverages available resources across the spectrum of need.

All Manitobans have the right to access continuous holistic care. Holistic care is important because we need to recognize that people are more than just biology, and to treat the person as a whole.

Understandable

In an understandable primary care system, individuals know how and where they can access care and how and why they are being provided with specific care, prescriptions, tests, etc. An understandable system includes:

- Public education about basic preventative health care and basic primary health procedures and means through a variety of methods and media;
- Once in a professional's care, interactive communication among health care professionals, caregivers and individuals;
- Knowledge translation so that the patient (and their caregivers) understand what care is given or refused and why.



An understandable primary care system empowers individuals to learn about and participate in their own care. It increases access to appropriate care, reduces strain on emergency services, and builds confidence in primary care.

Connected

Connected primary care has a comprehensive, centralized database that is accessible to all health care practitioners and patients, where all parts of the system communicate with each other.

Connected care removes barriers for patients to access their own health information and treats that information securely, confidentially, and with respect.

Connectivity is important to a system because it encourages a collaborative approach to treatment and respects individuals' rights to access and manage their own information.

Accountable

The health system must be accountable for dependable, respectful, and comprehensive primary care for ALL people because care is a moral and constitutional

right. When managed successfully, this will benefit Manitobans and the province as a whole.

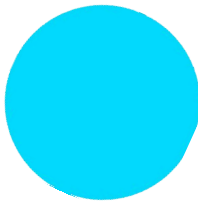
Accountability means that all people in the health system – from patients to health providers – know and understand that health care is a right and that the health care system is responsible for protecting and delivering those rights.

Considerate

Considerate care creates an environment where there is dignity, compassion, and respect. It is characterized by recognizing a person's inherent rights and emotions.

Sustainable

Sustainable primary care maximizes efficiency and resource utilization to advance holistic community health while empowering individuals to take ownership of their health and well-being. By upholding a sustainable primary care system, we ensure equitable access to health care for generations to come.







Our Recommendations


A. Increase the Number of Health Care Professionals

Education, Training and Development

1. The College of Physicians and Surgeons and the College of Nurses should expedite the process to recognize the qualifications of internationally trained medical graduates. A system of peer-to-peer, mentorship-based training should be developed to support internationally trained professionals to work in a team-based environment and to help them integrate into the Canadian medical system. By assessing transferable skills and foreign education, and offering peer-guided training, we can ensure there are more health care providers delivering primary care to patients.
2. The University of Manitoba should partner with the University College of the North to establish and offer training for all primary care positions (LPN, RN, NP, PA and medical doctors) in the northern parts of the province.
3. Entry requirements to medical training should be revised to move away from relying heavily on standardized test scores. Entrance requirements should be more comprehensive and evaluation-focused, and score for academic CV, personal essays, and commitment to community service, similar to the assessment criteria used by the University of Toronto's medical entrance framework. This would not only improve the quality of students in these professional programs but also reduce the number of domestic students leaving Canada to get training abroad.

Recruiting and Retaining Staff

4. Shared Health and the Regional Health Authorities should commit to enhancing their recruitment strategy for health care professionals in order to encourage primary care providers to work, live and play in Manitoba. Government should develop a stronger value proposition to encourage



professionals to choose Manitoba as an appealing place to set down roots and to practice primary care. They should also enhance their advertising campaigns with financial and cultural incentives to attract a larger pool of qualified individuals to Manitoba. Potential strategies include:

- Talent attraction through personalized storytelling, brand ambassadors and compelling video testimonials that help people feel a personal connection to Manitoba;
 - Highlighting five ecosystems, celebrating four distinct seasons and one of the sunniest provinces in the country, and showcasing Manitoba as an affordable family-oriented province especially when compared to other parts of Canada.
5. Immigration, Refugees, and Citizenship Canada (IRCC) and the Provincial Nominee Program (PNP) should provide regular reports to regional health authorities and Shared Health, detailing the number and anticipated arrival dates of new Canadians arriving from abroad who may have primary care skills. When a newcomer gives permission for the sharing of this information, it could be channeled into the workforce planning process for vetting and review. This would make it easier for newcomers to find employment in Manitoba as a primary care provider.
 6. Workforce planning bodies should review the use of shift work to allow for more work-life balance.
 7. Workforce planning reviews should also take into account succession planning to fill retirement gaps and ensure the number of net new roles and backfills needed for each practice area are known so that practicums from the University College of North, and other training institutions, can place students to meet these needs.

Compensation, Benefits, and Incentives

It is difficult to recruit and retain qualified and compassionate care providers without consideration of how they are being compensated. Financial compensation, benefits and other incentives must be competitive both

nationally and internationally. As such, we make the following recommendations:

8. The current (primarily fee-for-service based) compensation model needs to be reviewed and updated to encourage providers to care for patients as a whole, and not just as a collection of parts.
 - Providers should be incentivized to work in an interdisciplinary team setting and to carry a full roster of patients seeking care;
 - Additional incentives should be offered to care providers as it relates to housing, food, travel, and relocation, particularly for providers located in rural, remote, and underserved communities;
 - Bonuses for longer contract terms and to retain staff when it is time for a contract renewal should be offered.

B. Ensure holistic, person-centred care

9. We recommend a continued shift from individual fee-for-service practitioners to team-based models (such as, ACCESS centres) that offer holistic care from a variety of in-house professionals. These teams should include access to medical, allied health care, spiritual, social, and other preventative services.

Primary care clinicians should also be able to easily connect with out-of-house professionals needed for a patient's care when needed. With consent from the patient, a primary care clinician should be able to connect with other clinician(s) treating the patient.

10. Issue an improved, durable, personal plastic health card, with a photo, that registers each individual for health coverage (i.e. no more family registration) and represents the importance of health care in Manitoba. As the health card will be more durable there will likely be a reduction in demand for replacement cards from damage or general wear and tear. The health card should be accepted as a form of government photo identification and could include a QR code that directs secure access to one's personal health information in a way that protects patient privacy.

11. The Manitoba Health Regional Authorities will offer after-hours, 24/7 access to primary care services to ensure continuous access to health care, moving beyond the traditional 9–5 practice hours. This could be accomplished through shift work.
12. Recognizing that health is by nature holistic, assure that it is standard for a patient to have access, when desired, to their faith or spiritual community, including elders, knowledge keepers, and spiritual leaders.
13. Add more practitioners that specialize in preventive and holistic streams of care in health teams with the aim to reduce the worst outcomes that arise as a result of, for instance, chronic disease.

C. Equity and Social Determinants of Health

Addressing racism, discrimination, and other sociological factors affecting health.

The following recommendations are designed to promote equitable treatment amongst the persons and groups protected by and described in sections 9(2) and 9(3) of the Manitoba Human Rights Code. For the purpose of this report we highlight the fact that the following groups' experience of primary care is influenced by multiple intersecting identities: Indigenous Peoples, neurodivergent persons, transgender people, persons with disabilities and chronic medical conditions, and new residents of Manitoba.

14. Mandate cultural humility training for all health care providers and professionals in the form of a pre-approved course or program. This training would be required to keep one's medical license in good standing and be required to be completed within three years of this recommendation being issued.
15. Consider additional training courses as a requirement for annual, or other relevant time frame, license or accreditation renewal processes. The number of hours and proof of course completions should be submitted with license renewal documents. Provincial Health Authorities would be required to maintain



a list of pre-approved topics, courses and applicable events that professionals could take to meet this requirement.

Example topics include: 2SLGBTQIA+ and neurodiversity training, a social sciences course that exposes students to the social determinants of health (such as housing, income, food insecurity), and intersectionality.

Training in how to provide trauma-informed care should be considered essential.

Example of different courses include: Manitoba Indigenous Cultural Safety Training from Regional Health Authorities; Bringing in the Bystander training from the Sexual Violence Prevention Program at the University of Manitoba; the Indigenous Canada course offered through the Massive Open Online Course and the University of Alberta.

Examples of applicable events include: Attending various local Indigenous ceremonies including sweat lodge and volunteering for Truth and Reconciliation Day events.

In order to increase the diversity and representation of health care professionals across Manitoba, and to provide them with more experience delivering care in socially complex areas, we recommend:

16. A new recruitment strategy and process to attract a more diverse student base to medical professions and undergraduate streams.
17. Include rural practicum placements to remote communities (population <5000) including Indigenous reserves (e.g. St. Theresa Point, Garden Hill, Powerview Pine Falls, Altona, Morris, Verden) for all health care fields to expose students to more diverse rural, remote, and northern communities that experience higher health service needs, and have high rates of recurring issues.

The following recommendations are built on the assumption and preference for a team health model that can blur jurisdictional lines to treat multiple groups and communities.

Guidelines and recommendations for rural, remote, and northern Health Hubs

18. Increase the number of internet hubs and improve digital/ telecommunications infrastructure in rural, remote and northern areas in order to increase access to virtual care. Everyone should be within one hour of common travel of an internet hub where they can access primary care and provide feedback on the care they receive.
19. Establish regular (monthly to quarterly) mobile health clinics that bring primary care to rural remote and northern residents over enough days and with sufficient notice so that all those who require care have a good opportunity to receive it. This could replace the current default of bringing patients to care. These visits would focus on preventative and primary care with a focus on the role of diet, physical activity in health as well as tracking ongoing health concerns.



Recommendations for health teams at large

20. Design and deploy a better and more frequent health census with publicly available data. The census should detail the social conditions and the health outcomes of an area and this data should be used to suggest where more care and specialized centers are needed (such as Cancer Care in Churchill).
21. Mandate the inclusion of a full-time social worker or community resource worker in all health teams who would be tasked with recommending and enrolling individuals in social service programs as needed, such as public housing programs, income assistance, food banks, etc.

D. Care for Indigenous Peoples

NOTE: These recommendations appear in order of priority.

22. Create and promote an Indigenous Health Department within the provincial government so that Indigenous health is a funded and strategized priority within the medical field.

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23. Indigenize the entire medical curriculum utilizing the recommendations of Elders, Knowledge Keepers, Indigenous and allied researchers, Indigenous organizations and Indigenous communities to create a trauma-informed curriculum that stands firmly against anti-Indigenous racism.
 24. Implement a mandatory community orientation process for medical professionals entering new communities to guide and welcome them to their roles and responsibilities to the community. The aim is to ensure better care, staff retention, and contextualized, trauma-informed, anti-racist care.
 25. Recruit, promote, train, apprentice and mentor Indigenous Peoples with a focus on youth. This will help fill health care positions from local communities and strengthen staff retention in rural, remote, and reserve communities.
 26. Expand, promote, and move the Traditional Wellness Clinic at the Health Sciences Centre to a more visible, accessible space. Expand the number of days and geographical reach of the Traditional Wellness Clinic to provide traditional healing practices to interested patients.
 27. Direct funds to Indigenous-led community health programs. Reduce the amount of paperwork and time required to provide feedback to the funders, allowing more time to implement the work.
 28. Enhance Indigenous care by providing inclusive access to ceremonial traditional events by providing funding, traditional medicines and access opportunities.
 29. Create and promote an Indigenous representative body that works with government stakeholders (Provincial, Federal, and Territorial). It must provide timely and equitable resolutions to health and jurisdictional issues.

29. Create positions in jurisdictions across Manitoba for Indigenous medical supports such as navigators and advocates. Physical space should be provided in each medical center allowing for these roles to be present. Ensure that these Indigenous supporters work proactively to engage with Indigenous peoples in hospitals by focusing on outreach and pre-emptive check-ins with Indigenous patients.

E. Fostering Connectivity and Transparency

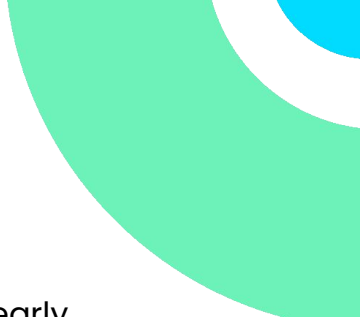
30. We want our health information to be safely and securely stored in a centralized electronic database that we and our health care professionals can easily access at no cost. Key health information should include (but not be limited to) vaccination records, diagnostic reports, prescriptions, and hospital discharge summaries.

As eChart is currently only available for providers (with the exception of immunization records), a patient portal to access our own health care records is essential. It is unacceptable that the only electronic patient portals available are commercial and charge patients a monthly fee.

The provincial government and the Department of Health in Manitoba should legislate that patient health information is the property of the patient and be kept in records that include privacy and data sharing controls that would:

- Protect health care providers in specific situations that may compromise their safety;
- Account for legal transitions in relationship status, like when a child reaches age of majority (expected) or a divorce (unexpected). (Consideration for the privacy of dependents/children as it relates to their personal health information is an important area for future conversation and policy development.)

Electronic health records should also update whenever a patient accesses health services in an unexpected way so that their primary care clinician would be notified. The current system uses fax machines and letter mail which do not represent a modernized health system.

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31. We want health care professionals to be required to follow a clearly defined series of communication steps that aligns with the patient care plan. These steps should be designed with patient input, and would ensure that patients are informed and understand their treatment plan regardless of the time/resources required by the clinician to ensure the patient understands the plan. The patient's communications preferences (phone, email, mail, paper copy in hand, etc.) must be acknowledged and respected.

The goal of this recommendation is for all patients and their caregivers to be informed of and understand their treatment plan. This will make them feel less stressed, have ownership of their plan, and make them feel safer and more cared for.

32. We want an online platform, similar to a social network, for health care professionals that would allow them to communicate and refer patients to each other no matter the size of the clinicians' practice. This platform would be driven by an open and up-to-date database of information about clinicians, their services, and average wait times for a consultation or treatment appointment (where applicable). Effective and efficient coordination and collaboration between all health care professionals, both in and out of province, is essential.

The aim is to empower primary care professionals with information and connections that allows them to develop a comprehensive treatment plan for their patients that draws on clinicians near and far, even out of province, within reason or when required.

33. We want a Health Care Ombudsperson, a public patient advocacy organization, publicly funded and mandated to:
- Raise public awareness about how to resolve complaints about primary care. This could include re-developing and launching an accessible reporting and complaints system that patients can use to report potential Manitoba Human Rights Code violations. This system would be routinely promoted to Manitobans;
 - Investigate individual patient or systemic issues;

- Recommend action and/or changes;
- Report its findings to the public.

This ombudsperson/organization could be modelled after the Law Enforcement Review Agency that was established in 1985 to investigate public complaints about police. The goal of this recommendation is to ensure the public (both patients and caregivers) have a strong, accessible, and mandated defender of their rights. This would also help ensure public accountability of health care professionals, organizations, and the system.

This organization could help patients navigate avenues for redress related to complaints and wrongdoing, as well as to recommend, enforce, and oversee changes and actions to other health organizations, such as the Manitoba College of Physicians and Surgeons. This new organization should be well promoted, easily found, easy to work with, and accessible for all.

F. Inform and Engage the Public

34. We recommend that the government develop and deliver a sustained multi-faceted public education campaign whose goal is to demystify the primary care system, in order to empower individuals to understand the options available to them and make more informed choices about their care.

This campaign would:

- Begin immediately by compiling and sharing already-available information about services in simple, easily accessible formats;
- Be developed by a collaborative team of stakeholders including, but not limited to, members of the public, health care providers, youth, patient and caregiver advisors, community advocates, and members of under-represented communities;
- Acknowledge diverse learning styles and abilities;
- Reach diverse and underrepresented communities by using multiple platforms, spaces, systems and creative approaches. This may include social media, print, and in-person communication, for example “pop-up” spaces connected to or in established and trusted community organizations;

The campaign would aim to:

- Alleviate the strain on acute care providers and the acute care system by helping people better navigate the system;
 - Proactively inform individuals about the right place to go for the care they need;
 - Build confidence in the primary care system;
 - Educate individuals about their rights to primary care;
 - Set reasonable expectations for both patients and health care providers about the care that is provided;
 - Provide public education surrounding self-care (for example, physical, mental, spiritual and nutritional health).
35. Provide avenues for collecting feedback from all residents of Manitoba on the primary care system in order to inform continuous improvements to the system. This includes sharing information about programs that already exist for public engagement.
36. Provide a single point for ongoing access to data about the performance of the primary care system.
37. Taking inspiration from the OurCare Nova Scotia Priorities Panel, we recommend extending the mandate of the Manitoba Priorities Panel as an ongoing citizens' panel on primary care priorities. This will build on the momentum, foundational knowledge, and established relationships developed through this initiative, and ensure accountability to the vision put forward in this report.



OurCare Priorities Panel Program

The Manitoba Priorities Panel, consisting of 30 members from across the province, met online twice (on two Saturdays in September 2023) and then again in-person over three days in Winnipeg (October 13-15, 2023).

During more than 30 hours together, panel members learned about primary care in Manitoba and other jurisdictions as they heard from and engaged with 15 subject matter experts in presentations and moderated discussions. The members also spent a significant amount of time in conversation with each other as they participated in a series of facilitated discussions and deliberations that culminated in the consensus recommendations put forward in this report. Videos of session presentations and related materials are available to the public at ourcare.ca/prioritiespanels.

In order to ensure that Indigenous protocols and worldviews were respected, the Manitoba panel team also included an Indigenous Co-Chair, Dr. Mandy Buss, Métis from the Red River Settlement, who is a family physician and Indigenous Health Lead for Department of Family Medicine and Undergraduate Medical Education Course Director, Indigenous Health, Max Rady College of Medicine, University of Manitoba, as well as Albert McLeod, a Knowledge Keeper from Nisichawayasihk Cree Nation and the Métis communities of Cross Lake and Norway House. Knowledge Keeper Albert led an opening ceremony, where he gave teachings to help guide the sessions and finished with a closing ceremony to give thanks for the work that was accomplished. Both were accompanied by drum songs performed by Dr. Lisa Monkman and Dr. Mandy Buss.



**Session 1:
Saturday, September 9, 2023
Virtual**

The opening session of the Manitoba Priorities Panel began with a formal welcome and introduction from the panel's co-chairs, Dr. Mandy Buss, and Jasmin Kay, National Project Director and Director, MASS LBP. Together they presented a broad description of the OurCare initiative, its mandate, objectives, processes, and the key questions to guide members in their participation.

Following a short breakout group for small group introductions, the panel welcomed its first guest speaker, Ms. Jeannette Edwards, former Provincial Lead of System Integration and Quality Management for Shared Health in Manitoba, and former Regional Director of Primary Health Care and Chronic Disease with the Winnipeg Regional Health Authority. Ms. Edwards gave a detailed presentation on Primary Care 101, with an emphasis on the key characteristics and history of primary care in the province, the key challenges facing the system, and put forward the case for reform. Members then took the opportunity to engage in a robust Q&A with the guest before breaking into small,

facilitated groups for a discussion on the values they believe should define the experience of primary care for Manitobans.

Next, members heard from Dr. Amanda Condon, a family physician in Notre Dame des Lourdes, Associate Professor with the Department of Family Medicine at the Max Rady College of Medicine at the University of Manitoba, and the OurCare Manitoba Primary Care Co-Lead. Dr. Condon presented the findings from the OurCare National Survey, which, during September and October 2022, gathered insights from more than 9,000 Canadians about their experiences with primary care and their preferences and priorities for the future. The full results of the survey are available to the public at data.ourcare.ca. Dr. Condon took questions from members about the survey data and how it may guide their work as a panel. The first session then came to a close with a thank you from the OurCare team and a preview of the sessions to come.

**Session 2:
Saturday, September 23, 2023
Virtual**

After a two-week break, the members of the OurCare Manitoba



Priorities Panel reconvened via Zoom for their second session, which began with a welcome from panel co-chair Jasmin Kay and a recap of the previous session. Members then welcomed Dr. Tara Kiran, OurCare's Principal Investigator, who delivered a presentation on models and features of primary care systems in OECD comparator countries (including Finland, the United Kingdom, Norway, and the Netherlands) and other Canadian provinces. The presentation highlighted how these models differ from the current structure and delivery of primary care in Manitoba and offered potential ideas for members to consider.

Next, members welcomed Melanie MacKinnon, Head of Ongomiizwin, the Indigenous Institute of Health and Healing, part of the Faculty of Health Sciences and the University of Manitoba, and Dr. Ian Whetter, a family doctor and Medical Director at Ongomiizwin, in a moderated discussion with panel co-chair Dr. Mandy Buss on access to care for historically excluded communities. As part of the discussion members were able to ask questions of the guest speakers with an eye towards understanding equity considerations of primary care delivery especially for

Indigenous communities, Black and other persons of colour, 2SLGBTQ+ communities, those struggling with drug addiction, low income populations, and those living in rural and remote areas.

After a lively Q&A, members broke into small, facilitated groups to discuss the pros and cons of the different models and features of primary care as presented by the guest speakers and worked together to identify which they believe should be available to all Manitobans. The second session wrapped up with a plenary report-back of the members' ideas and a preview of the forthcoming sessions together in Winnipeg.

Session 3: Friday, October 13, 2023 Winnipeg

Having worked together virtually for several weeks, the members of the OurCare Manitoba Priorities Panel gathered in person at the Alt Hotel in downtown Winnipeg, located on ancestral lands, Treaty 1 territory, the traditional territory of the Anishinaabeg, Cree, Oji-Cree, Dakota, and Dene Peoples, and on the National Homeland of the Red River Métis. An opening ceremony and





traditional teachings were led by Knowledge Keeper Albert McLeod, of the Nisichawayasihk Cree Nation and the Métis community of Norway House. The Ceremony included a drum song performed by Dr. Mandy Buss and Dr. Lisa Monkman, an Anishinaabe family physician with Brokenhead First Nation.

For the remainder of the afternoon, panel members worked in small groups with facilitators to define the values they'd identified in the first session, before breaking to eat dinner together.

Following the meal, members welcomed two more guests, Dr. Ainslie Mihalchuk, Assistant Registrar overseeing Quality for the College of Physicians and Surgeons of Manitoba, and Richard Cloutier, a journalist with 680 CJOB Winnipeg and Senior Reporter at Global News. Jasmin Kay moderated a discussion about accountability and service delivery before opening up the floor to questions from the members.


Session 4: Saturday, October 14, 2023 Winnipeg

On Saturday morning, members

gathered at the historic Centennial Concert Hall in downtown Winnipeg for a full day of work. Following a brief recap of the previous day's work from Jasmin Kay, Dr. Buss led a moderated discussion on Access to Care for Rural and Remote Communities with three guest speakers: Tara Clarke, Program Lead of the Physician Extender Program for Ongomiizwin and a former rural paramedic; Dr. Rafiq Andani, Associate Chief Medical Officer for Shared Health; and Dr. Amanda Condon. After a spirited Q&A with the speakers, members broke into small groups to identify the key challenges and obstacles affecting access to primary care for residents of Manitoba.

Following a break, Jasmin moderated a second discussion on Tradeoffs Between Timeliness and Continuity of Primary Care, with three more guests: Dr. Denis Fortier, Chief Medical Officer for Southern Health-Santé Sud; Dr. Trina Mathison, family physician at the Dauphin Medical Clinic and Chief Medical Officer of the Dauphin Regional Health Centre; and Barbara Wasilewski, Assistant Deputy Minister of Health Policy and Planning with Manitoba Health.

After breaking for lunch, members spent the bulk of the afternoon in



small, themed groups, working with facilitators to develop recommendations for their forthcoming report, periodically sharing back with each other in plenary discussions and moving among tables to engage with one another. Having earned a break following a productive day, the members rested before reconvening in the Violet Fuschia Room of the Alt Hotel for a dinner followed by an “Ask Me Anything” session with Dr. Alan Katz, the OurCare Manitoba Primary Care Co-Lead and Professor in the departments of Family Medicine and Community Health Sciences in the Rady Faculty of Health Sciences at the University of Manitoba. Dr. Katz helped the members prepare for their final day of deliberation by answering lingering questions and concerns across a wide range of topics.

**Session 5:
Sunday, October 15, 2023
Winnipeg**

On the morning of their final day, once again at Centennial Concert Hall, following a plenary reflection led by panel co-chair Jasmin Kay on the work achieved to this point, members of the OurCare Manitoba Priorities Panel gathered into new working

groups to continue to refine their consensus recommendations and polish other sections of their report with the support of the OurCare facilitators. Members helped one another find clarity in their presentation of ideas and arrived at how to speak with one voice on the key features of primary care that they want to see available for all Manitobans.

Following a lunch break, panel members reconvened and prepared to present their draft report to an audience of key leaders and policy makers in provincial health care, joining both in person and via webstream.

Panel co-chair Dr. Mandy Buss welcomed all guests and spoke about the importance of hearing and sharing stories, as the panel members had done, in order to be able to think and act with all Manitobans in mind. Jasmin Kay presented an overview of the OurCare project before turning the podium over to various members of the priorities panel, who presented the challenges, values, issues, and most importantly recommendations that emerged from more than 30 hours of work together over five sessions.

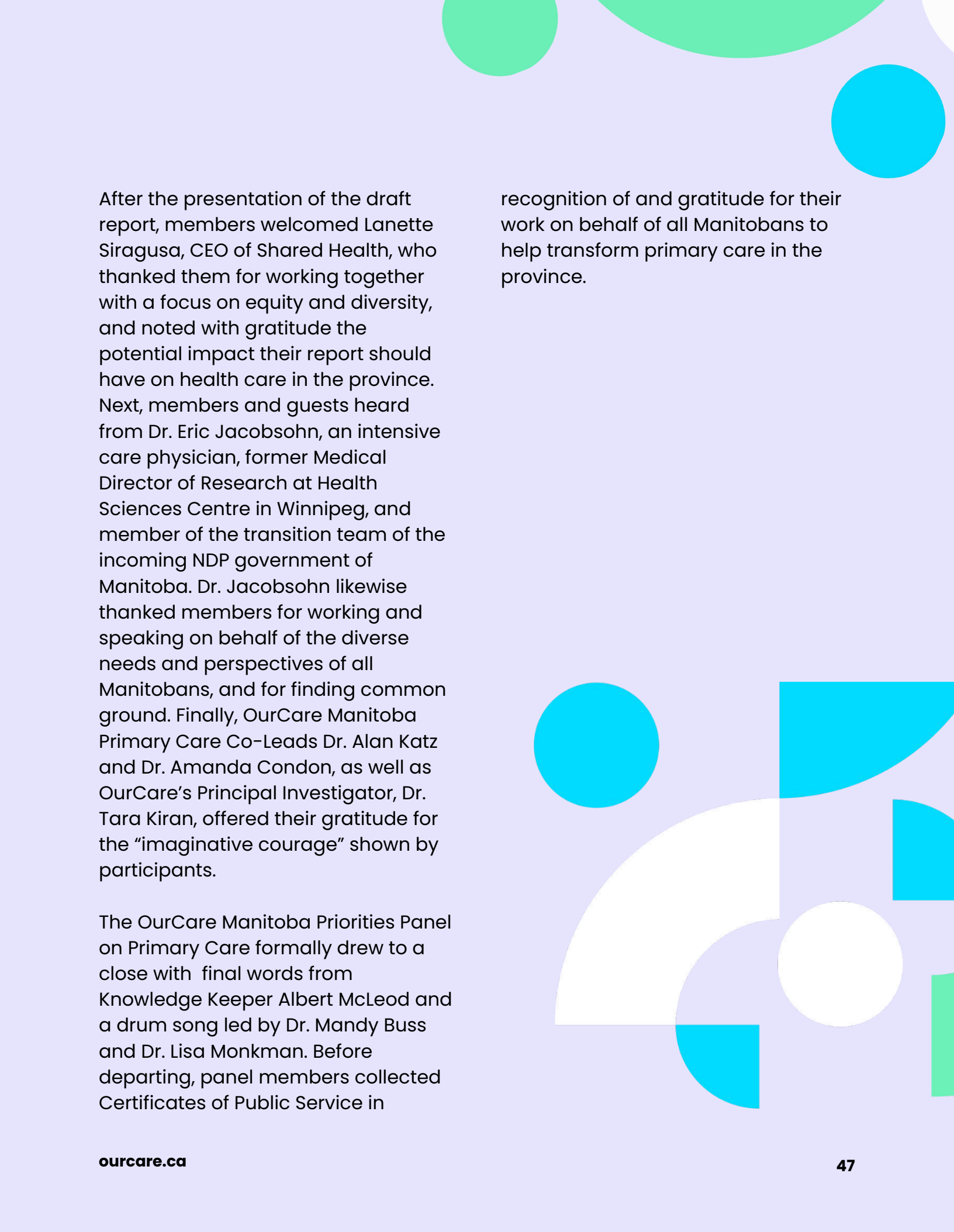
OurCare

Priorities Panel

Nos Soins

Panel sur les priorités





After the presentation of the draft report, members welcomed Lanette Siragusa, CEO of Shared Health, who thanked them for working together with a focus on equity and diversity, and noted with gratitude the potential impact their report should have on health care in the province. Next, members and guests heard from Dr. Eric Jacobsohn, an intensive care physician, former Medical Director of Research at Health Sciences Centre in Winnipeg, and member of the transition team of the incoming NDP government of Manitoba. Dr. Jacobsohn likewise thanked members for working and speaking on behalf of the diverse needs and perspectives of all Manitobans, and for finding common ground. Finally, OurCare Manitoba Primary Care Co-Leads Dr. Alan Katz and Dr. Amanda Condon, as well as OurCare's Principal Investigator, Dr. Tara Kiran, offered their gratitude for the "imaginative courage" shown by participants.

The OurCare Manitoba Priorities Panel on Primary Care formally drew to a close with final words from Knowledge Keeper Albert McLeod and a drum song led by Dr. Mandy Buss and Dr. Lisa Monkman. Before departing, panel members collected Certificates of Public Service in

recognition of and gratitude for their work on behalf of all Manitobans to help transform primary care in the province.





Meet the Members

Muhammad Aldhshan

Muhammad Aldhshan is a passionate advocate of Health sustainability and equity and a board member of the Manitoba Public Health Association. Born and raised in Egypt, Muhammad moved to Winnipeg in 2019 to pursue an MSc Degree in Physiology and Pathophysiology, where he studied some of the neuronal circuits controlling behaviour at the brain level. Following graduation, Muhammad worked as the Policy and Health Information Manager at the Manitoba Metis Federation, where he advocated for the health and well-being of Red River Metis Citizens. Presently, Muhammad is the System Performance Specialist at CancerCare Manitoba, working with his team to develop performance indicators to maximize the efficiency of care for all Manitobans afflicted by cancer. Whether in initiatives like OurCare or in other health forums, Muhammad does not miss a chance to learn, contribute, support, and advocate for the health of ALL Manitobans.

Vibhuti Arya

I was born and raised in India and immigrated to Winnipeg in December, 2016. I pursued a BSc. Molecular Biology degree (May, 2021) and recently graduated with MSc. Physiology and Pathophysiology (June, 2023) from the University of Manitoba. Currently, I work as a Research Coordinator for the Children's Hospital Research Institute of Manitoba (CHRIM). During my master's, I investigated the effect of flaxseed in

protecting the hearts of women with breast cancer. Now, I am investigating the role of dialectical behaviour therapy (DBT) in the prevention of type II diabetes in indigenous youth. I am passionate about epidemiology and public health research and want to work as a Clinician Scientist in Canada. Outside of academia, I like to volunteer, teach, hike and long distance run. Through OurCare, I am grateful to be able to contribute in the creation of a more equitable and accessible health care for all Canadians.

Douglas Bartlett

My name is Douglas Bartlett. I am originally from The Pas, Manitoba. I moved to Winnipeg in 1983 to attend university and lived there for approximately 35 years. In 2019 I moved home to take the position of Executive Director of The Pas Friendship Centre. I am married to Gail. We are raising an amazing granddaughter, Kyre. Although my work takes up much of my time, I still make time to enjoy all that northern Manitoba offers. Spring and summer we spend as much time as we can on or in the water, the first being fishing and the second being swimming at one of the many beaches. During the winter months we enjoy ice fishing as well as going out on snowmobiles.

Steven Black

I'm a retired pastor now living in Brandon. Born in Toronto, I got my education at McMaster University (BA, MTh) and Tyndale University (MDiv). I've lived and worked in Southern Ontario, Sherbrooke (QC),



and Minitonas (MB). I'm married with one son, and my hobbies and interests include flight simulation, curling, and anything to do with "up."

Neelam Borrison

I have lived in Altona, Manitoba, since last year, before that I lived in Ontario for more than twenty years. I work in the health industry. I love the relaxed culture and settled life in Manitoba. I enjoy being in Winnipeg and enjoy the food and culture. I volunteered for OurCare project because I wanted to share my opinion and also hear what other group members have to say. I am sure this project will bring about positive changes in the province.

Harvey Brandt

My name is Harvey Brandt. I was born in Manitoba, and currently live with my family in a rural community near Winnipeg. I have also lived in Alberta and Saskatchewan. Health care challenges and opportunities are the same in each province. I like to follow the news of Manitoba, Canada and the world extensively. I enjoy outdoor activities, reading and Netflix (especially foreign films).

Currently taking a pause in employment, my employment background includes as a Safety and Health Officer, and management in railroad and manufacturing. I started my career as a trades apprentice and also loved working in customer service. I have worked with individuals, teams and large groups. I am a fan of continuous improvement. Through our joint OurCare work I hope we can improve health.

Adriana Brydon

I was born and raised in Regina, Saskatchewan but part of my family comes from Peter Ballantyne Cree Nation, which is located in Northern Saskatchewan. I moved to Winnipeg, Manitoba as a teenager in 2005 and have called this place home ever since. I am a single mother to five children and have created my own family through connections and relationships with people I have met here. I am a Social Worker who has experience working in child welfare and health care. As an Indigenous single mother and working as a social worker, I have both personal experience as well as hear/see others' experiences/challenges with accessing and receiving primary care services in Winnipeg. I volunteered for this panel because I believe that I can be a voice for the experiences others have shared with me, who might not have the chance to share. I hope to give what input I can and give back to this community I now call home and believe this is an amazing opportunity. Ekosi.

Mandy Buhler

Hi. I'm Mandy Buhler from South Eastern Manitoba. As an active parent advocate and educator, and as a mom of five kids, I wanted to be a part of this panel to create some change in the future of health care for my kids and the families I support. As a chronically ill person, this panel is a great way for me to share some of the patient experiences I've had and things I've noticed. Fun Fact: I read over 100 books a year!



Carolyn Bund

I currently live in central Winnipeg with my red-eared slider (turtle) named Fred but only for the last 15 years. I have travelled a lot to every province and territory (except Nunavut) in Canada plus over 40 states in the USA. I love meeting new people and cultures along the way especially when I was living in either Dallas, Vancouver, Calgary or Banff. I love to paint, sculpt with cement or create with whatever medium comes my way. My favourite was creating backdrops, sets and costumes for a non-profit theatre company in Toronto. I chose to be on this panel because I was heavily abused by our medical system and I want to be a voice for myself and for those that feel they don't have one in relation to the medical professionals. Also being on this panel has been healing for me but I still view this project with cautious optimism.

Laurie Christianson

I grew up in a small town in northern Manitoba, with a population of under 600 people, but I moved to Winnipeg to attend university in the late 1980s and have been here ever since. I worked as a real estate paralegal for several years, but for the past 20 years I've been working with contracts related to television and film production. In my spare time, I enjoy gardening, reading, video games, and restoring my slightly bedraggled 1928 bungalow. I joined the panel because recent experiences I've had with the health care system made me very concerned for the way the system is being managed, and I hope that these panels can help to turn that around and create a more

functional system for everyone.

Jason Cook

Jason Cook started his volunteer position with the Burntwood Regional Health Authority, now called Northern Health Region, almost eight years ago. After spending more than a decade advocating for his community and working to improve health care, he now gives some of his time to the Shared Health Patient and Family Advisory Network. His hope is that sharing his story and challenges may have a positive impact on others with similar struggles. Jason hopes to do this work for many years to come.

Sandy Epp

I am a single (full-time) mother of two teen children (16 and 18). Both my children have had numerous struggles with their physical and mental health, and we have had a significant number of struggles finding them adequate/relevant care. I am also a daughter, and health care proxy, to two aging parents who are needing a lot more support from the medical community. I am currently employed with Shared Health/Shared Services as a project analyst/test lead for the Project Management Office and have been involved in a number of acute care and public health software initiatives.

It is my desire to help provide feedback to provincial medical decision makers, so that, perhaps, others may not need to struggle as much as we have, in our quest for medical care for ourselves and loved ones.



Marti Ford

Marti has mixed heritage with Inuit and English/Irish settler roots. She is an educator and has worked throughout the province of Manitoba as a school superintendent, Dean of Indigenous Education, a recruiter of teachers and is currently an assistant professor in the Faculty of Education at University of Manitoba. Marti has worked with Indigenous communities throughout Canada and internationally in Brazil, Chile and Botswana. She volunteers on the board of the Royal Aviation Museum of Western Canada, and is a committee member on the United Way's Committee on Indigenous Relations, and a member of the Canadian Forces Liaison Committee. Marti has one adult daughter and two rescue dogs.

Karen Gabriel

My name is Karen Gabriel, I live in Portage la Prairie, Manitoba. I moved here 26 years ago and have worked at Portage District General Hospital going on 13 years. I am an Indigenous Support worker. I provide support to Indigenous and Metis when they present in the emergency department as well as patients who are admitted in hospital. I also sit in family conferences with doctors and clients. There are times when we are paged to de-escalate a situation on the wards or emergency department. I also provide interpretation should a person present in the emergency department who has a language barrier. I also work alongside the social worker, she is the one who sent me an email regarding OurCare panel, and felt I would be a good candidate to participate.

I enjoy what I do as I feel we need more programs like this in the health care setting. I enjoy meeting new people and learning new things. In my free time I like to go camping and hunting with family and friends.

Beth Glass

I moved to Morris, Manitoba, from Winnipeg in 2020 with my family for a quieter, country life. I am married to my husband of 8 years and we have a 4 year old son together. I am an Early Childhood Educator II and work at an Early Learning Centre with children ages 0-4. I am also a part-time student at the University of Manitoba where I am pursuing a Bachelor of Human Ecology majoring in Child and Youth Developmental Health and Social Development. In my free time I love to read, cook, and watercolour paint. I volunteered because I want to represent my community and work towards positive change.

Andy Humphreys

I was born and raised in Winnipeg and have spent my life growing, working and enjoying living in the province of Manitoba. I am married with two grown children. I hold a B.Sc.A. degree (1980) and a M.Sc. degree in Animal Nutrition (1985) from the U. of M. I have worked in the field of animal nutrition for 37 years, working for several larger corporate companies, as well as becoming the founding partner of an independent nutrition company in 2009. Throughout my career I have had the opportunity to travel across the country to experience the nature and cultures of Canada. I volunteered for the panel as an opportunity to make an impactful change in the health care of fellow Canadians.

Judi Janzen

I am a retired teacher, recently moved from a rural home of 40 years, near Brandon MB, to apartment living in Winnipeg. I left behind a milkweed patch where I rescued and released monarch butterflies each summer. Quilting is a

hobby, my most recent project being quilted maps of our rural community. My volunteer commitment was with the organization Project Linus Westman Chapter, gifting community handmade blankets to children in need. I have first hand experience with chronic health care needs for myself, my daughter and my elderly mother. Friends and family will confirm that “ how to fix or modernize our antiquated health care system” is a common conversation topic in our household. How could I not volunteer for this citizens’ panel opportunity.

Meenu Kapoor

I am from India and immigrated to Canada in 2014 though I have been living permanently in Winnipeg since December 2018. I have a doctorate in Political Science and was an assistant professor in a university in India. Here in Winnipeg, I am working as a volunteer settlement & support worker at A & O Support Services for Older Adults and a Registered Canadian Immigration Consultant. I like to get involved in the community in whatever way possible. I was a trainer of trainees for Women in Urban Governance back home and have volunteered as a facilitator for English conversation classes for new immigrants in various organizations in Winnipeg. I want to play my part in the community and hope that the panel discussions will have a positive impact on community services in future.

Donna Kostiuk

From my earlier years, I grew up in a smaller northern community, moved to Winnipeg for post-secondary education and, as a later adult, moved to a bedroom community outside of Winnipeg. I have witnessed first-hand the issues and challenges of both family and friends as they have navigated the

health care system in Manitoba. My experiences also include working with an indigenous health department and a cancer agency in Manitoba. I have also volunteered as a member of the Interlake-Eastern Regional Health Authority (IERHA) Local Involvement Group (LHIG) and as a member of the Ethics Committee of the IERHA Board of Directors. Joining this consultation, I am hoping to provide an insight into my wide and varied background.

Alain Louer

I am a first generation Canadian born and raised in Winnipeg where I still live with my wife and our two cats. My parents immigrated here from France in the 1950s in search of a better life and where they met, married and started a family. I recently retired after several years working as a civil servant with the Federal Government. I now work for a school division as a cleaner on a casual basis. This past summer I ended a year of working as an uncertified health care aide in a long term health care residence. My hobbies include cycling, gardening and other outdoor activities. I volunteered for this panel because I like to share my opinions as a way to help improve our community.

Laurel Martin

I moved from a farm in Saskatchewan to south Winnipeg in 1984 to pursue post-secondary education. I am a Professional Home Economist with a non-typical career as a social science researcher. As I wind down my career working in for-profit, not-for-profit, government, and academic organizations, I continue to learn and do new and practical

things and I volunteer for organizations that align with my goals and values. I have no bio-family in Manitoba, but through them, I have learned a lot about stark provincial differences in health care. This knowledge, and my experiences with my large chosen family in Winnipeg, will inform my participation on this panel. My current volunteer work focuses on helping newcomers from western Africa and my current hobbies include learning to do basic home improvements and keeping an environmentally positive home and yard.

Paula Orecklin

My name is Paula Orecklin and I'm from Winnipeg. I'm very active in patient engagement, working with about a dozen organizations on the local, provincial, national, and international levels. This includes Shared Health Manitoba, the Winnipeg Regional Health Authority, the George and Fay Yee Centre for Healthcare Innovation, the Centre for Digital Health Evaluation, the Canadian Agency for Drugs and Technologies in Health up till last year when my term on the Patient and Community Engagement Committee finished, Patients for Patient Safety Canada, Healthcare Excellence Canada, Patient Advisors Network, Choosing Wisely Canada, the Board of Directors for Ten Ten Housing, Inc, and others. This is because I've had Complex Regional Pain Syndrome for the past 22 years and I care deeply about making something positive out of what is otherwise pointless suffering.

I've seen what the medical system is like as a patient, and I see how it could be improved. Just as importantly, I've seen how patients,

providers, and the wider community come together to share our lived experiences and create real changes.

Beyond that, I'm a nerd, am never not reading a book, and have an embarrassing fondness for some reality TV.

Jean-Louis Pehe

I am Jean-Louis P  h  . I am married and the father of three.

I am trained as a journalist but I am currently teaching in the High School program at Centre Scolaire L  o R  millard, Winnipeg, MB.

I came to Manitoba 13 years ago with my family, from France (Paris and Auxerre) where I was married and where my children were born. Since my arrival in 2010, I have been involved in several francophone community organizations, through l'Accueil francophone and l'Amicale de la francophonie multi-culturelle du Manitoba (workshops and conferences). I have been vice-president of L'Amicale and I am currently sitting as a board member.

I have been a member of the Chambre de Commerce Francophone de Saint-Boniface; as well as a member of the Mus  e de Saint-Boniface. I am currently the Francophone representative at the Complaints Committee of the Manitoba Order of Physiotherapists, appointed/mandated by the Minister of Health of Manitoba.

As a Francophone, I am interested in our community issues and that is why I would be



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honoured to work with you and to have the opportunity to have my voice heard on this panel.

Tomas Ponzilius

I am from Winnipeg, Manitoba, however I am currently living in Ottawa, Ontario. I moved temporarily away because I am going to Carleton University as a student for a Bachelor of Social Work. I enjoy fishing, science, politics and being in nature. In the 2010s I obtained Bachelor of Arts degree in Criminal Justice, however I had to stop further work and academic process because of chronic health challenges and learning disabilities in which I have done advocacy for since I was 12 years old. I have prior work with the Provincial Liberals of Manitoba in which I advocated for various policy changes under a Neurodiversity report that will soon be published. This has lent me experience related to actionable policy and procedure.

I am volunteering to the OurCare Priorities Panel because I believe I can use my combined professional, educational and lived experience related to policy and procedure to best assist the panel put forth recommendations.

Greg Sametz

Greg Sametz is a retired educator from the Seven Oaks School Division in Northwest Winnipeg where he served as school principal and director of the division's language programming in the immersion, bilingual and heritage streams. He has recently been able to reignite his passion for language learning by offering English classes to new Manitobans having arrived from war-torn Ukraine. Greg has offered professional development workshops to teachers and their students focusing on cultural enrichment. Students call him the "spoon man." A typical Manitoba volunteer, Greg has enjoyed volunteering at many of the province's sporting and cultural events. Greg and his wife have raised twin sons who together with their families have provided many decades of the "double" pleasures of life. He is an ardent traveller, having visited destinations in all provinces and territories and in 6 out of 7 continents. Greg's hope for the future is to enjoy a positive experience as he ages in a place where he can feel respected, valued and heard.

Alexander Watson

Biography not available.

Chad Zolinski

Biography not available.



Guest Speakers

Fifteen experts generously gave their time and shared their knowledge with the Manitoba Priorities Panel on Primary Care. The Panel extends its sincerest thanks to each of them.

Dr. Rafiq Andani completed his northern/remote family medicine residency at the University of Manitoba in 2015. Over the past decade, he has garnered a variety of clinical experiences in diverse environments, ranging from health centres in the Arctic to tertiary care settings in Winnipeg. A true generalist, Dr. Andani possesses a broad range of skills, including expertise in addictions medicine, emergency medicine, critical care, oncology, and health economics. Currently, he serves as the Associate Chief Medical Officer for Shared Health, where his focus is on expanding equitable access to modernized clinical resources that transcend regional and jurisdictional boundaries.

Tara Clarke is a former rural paramedic and a graduate of the MPAS program in Manitoba. She worked nine years in urban and rural emergency medicine and in 2019 pioneered a novel application for the PA discipline in Northern Manitoba, establishing the Physician Extender Program for Ongomiizwin Health Services, where she serves as Program Lead. She maintains a clinical appointment, serving the communities of Little Grand Rapids and Island Lakes while mentoring new PAs and teaching medical and PA students. A busy mom of five, she is passionate about integrating holistic medicine and improving primary care health access for Indigenous communities in Manitoba.

Richard Cloutier is a journalist with 680 CJOB Winnipeg and Senior Reporter at Global News. He has a keen interest in health care, the environment and other issues key to the future of Winnipeg, Manitoba and our country. Cloutier is co-host of the News on 680 CJOB Radio and has been with the station since 1992. He is the proud father of three, a cyclist and an avid Jets fan.

Dr. Amanda Condon practises comprehensive rural family medicine in Notre Dame de Lourdes, Manitoba. She also supports Charleswood Care Centre, a long-term care facility in Winnipeg. In addition to her clinical work, Dr. Condon serves as an associate professor with the Department of Family Medicine, Max Rady College of Medicine, at U of M. With a commitment to family medicine education and supporting medical learners, she proudly champions joy in work and interprofessional collaboration as foundational to excellence in primary care. Since 2019 she has served as Associate Dean, Postgraduate Student Affairs and Wellness and has recently become the Director of Immunization with the Rady Faculty of Health Sciences.

Jeanette Edwards is semi-retired. Up until February 2021, she was the Provincial Lead, System Integration and Quality Management and Interim Provincial Lead, Indigenous Health for Shared Health in Manitoba. Previously, Edwards was the Regional Director of

Primary Health Care and Chronic Disease with the Winnipeg Regional Health Authority. She also worked with Manitoba Health in the capacity of Special Advisor to the Deputy Minister on Primary Care. In this role, Edwards led the development and implementation of the Physician Integrated Network Initiative in Manitoba where fee-for-service family physicians were actively engaged in developing complex primary care renewal strategies.

Dr. Denis Fortier is the Chief Medical Officer for Southern Health-Santé Sud. Dr. Fortier is also a retired rural family physician who practiced at the Centre de Santé Notre Dame located in Notre-Dame-de-Lourdes, where he has lived and worked for over 36 years. Dr. Fortier's medicine practice included primary care, hospital, emergency, obstetrics, long-term care with some minor surgery, and he continues to be an ardent defender of rural health care. He was also actively involved in teaching, including a variety of programs and committees to maintain and improve standards at many levels, within the medical community and within his community.

Dr. Alan Katz is a family physician and health services researcher. He is a Professor in the departments of Family Medicine and Community Health Sciences in the Rady Faculty of Health Sciences at the University of Manitoba. He recently served as the Director of the Manitoba Centre for Health Policy and is the past president of the Canadian Association for Health Services Research (CAHSPR).

Dr. Eric Jacobsohn is a tenured Professor in the Department of Anesthesiology, Pain and Perioperative Medicine, and in the Department of Internal Medicine, Max Rady College of Medicine, Rady Faculty of Health Sciences, University of Manitoba. He is currently the Associate Dean of Professionalism and was previously the Associate Dean of Postgraduate Student Affairs. Eric Jacobsohn currently serves on the transition committee of the new Premier of Manitoba, Mr. Wab Kinew.

Dr. Tara Kiran is the Fidani Chair in Improvement and Innovation at the University of Toronto and Vice-Chair of Quality and Innovation at the Department of Family and Community Medicine. She practices family medicine at the St. Michael's Hospital Academic Family Health Team (SMHAFHT). Dr. Kiran completed her family medicine residency at McMaster University in 2004 and spent her first couple of years in practice as a locum in Indigenous communities in northern Ontario and in Community Health Centres in urban Toronto. She practiced at the Regent Park Community Health Centre from 2006 to 2010 before joining St. Michael's in 2011.

Melanie MacKinnon is the Head of Ongomiizwin – Indigenous Institute of Health and Healing, Faculty of Health Sciences, University of Manitoba. Her expertise lies in providing facilitation, research, planning, operational, and advisory and negotiation services that assist First Nation, Métis and Inuit organizations and government and non-government agencies in reaching their maximum potential in the health

service area. MacKinnon, who is originally from Misipawistik Cree Nation, remains an influential community voice and advocate within the province.

Dr. Trina Mathison currently practices in Dauphin at the Dauphin Medical Clinic and Dauphin Regional Health Centre. She has dedicated her career to serving patients in Western Manitoba. As a rural physician, she has a broad scope of practice including cancer care, inpatient care, emergency medicine and surgical assistance, as well as offering care for the elderly and palliative care. Dr. Mathison is currently the site Chief Medical Officer of the Dauphin Regional Health Centre and the medical lead for the CancerCare community program in Dauphin, with palliative care and care for the elderly being her areas of special interest.

Dr. Ainslie Mihalchuk is the Assistant Registrar overseeing Quality for the College of Physicians and Surgeons of Manitoba. She is a passionate advocate for patient safety and supporting continuous quality improvement within the medical profession. Dr. Mihalchuk is a family physician providing patient care in community, hospital, and long-term care settings.

Lanette Siragusa was named Shared Health's Chief Executive Officer on May 1, 2023. Siragusa first joined Shared Health in 2017 as the organization's first Chief Nursing Officer and Provincial Lead, Health System Integration and Quality. In that role, she led the development of clinically informed and evidence-based

practices that form the foundation of Manitoba's Clinical and Preventive Services Plan, and also served as the province's COVID-19 co-incident commander.

Barb Wasilewski has been in the role of the Assistant Deputy Minister, Health Policy and Planning, since January 2020. She has led and overseen the development of the Stevenson Implementation Plan (long term care), the implementation of the Family Doc for All plan (primary care) along with the development of the Virgo report (mental health and addictions). Barb has worked in the Department since 2006 in various senior leadership positions, overseeing policies and provincial projects relating to primary care, mental health, maternal child (including midwifery), long term care and healthy living. She spent the majority of her time as the provincial policy and clinical lead in primary care, and was responsible for introducing various reforms in primary care, many of which are still in place today. Barb is a Registered Nurse, who also has her Masters in Business Administration (MBA) and recently received her certification in Project Management (PMP) and Change Management (CCMP).

Dr. Ian Whetter is a family doctor, medical educator and father of three. He works at the University of Manitoba with a focus on increasing access to high quality, non-judgemental, and anti-racist health care for underserved communities. He is the Rady Faculty of Health Sciences, Co-lead of the Office of Community Engagement, a member of the Executive of the PGME Truth and Reconciliation Working Group and the UGME Lead for Social Accountability. He is Medical Director with Ongomiizwin Health Services and a preceptor with the Northern Remote Family Medicine Residency Stream.



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Appendix

Minority Reports

Members were encouraged to share all points of view throughout the panel process. Discussion remained lively but respectful throughout the proceedings and, while some minor differences in opinion remained, every member of the panel endorsed the recommendations in this final report. However, members also were given the opportunity to write a minority report if they wished to highlight any points of agreement or disagreement, or to include their own commentary.

Diane Beckett

Half of Canadians (52 percent) over the age of twenty live with a chronic disease. This takes a huge toll on Canadians, causing premature illness and death. Managing these diseases also puts a huge load on the health care system, as these diseases make up the largest share of the cost to the system.

The good news is that chronic diseases, including cardiovascular disease, diabetes, stroke, dementia, and cancer can be reduced by about 80 percent by eating a healthy diet, being physically active, and not smoking.

The health care system has developed a myriad of approaches to help people to stop smoking, and there is also a considerable effort put into getting Canadians to be active. It has not yet addressed nutrition in the same way, although the research clearly shows that we can significantly reduce our chronic disease burden by reducing our consumption of fat, sugar and processed foods and increasing our consumption of fruits and vegetables.

One example: The research has so strongly identified processed meats as a carcinogen that the World Health Organization has classified them as a group 1 carcinogen, the highest level of certainty that a product causes cancer. Even small amounts of

processed meats, which include bacon, sausage, hot dogs, pepperoni, ham, corned beef, and cold cuts like bologna and salami, eaten regularly cause cancer. Eating a couple of strips of bacon a day increases cancer rates by 18 percent over 7 years. Maybe you don't eat bacon every day, but how often do you have pepperoni on pizza, hot dogs or sausages, processed meat sandwiches, and bacon in a week?

When a product so clearly is counter to promoting health, why were both bacon and sausage served at the OurCare breakfasts? Shouldn't a forum that looks to examine how we can improve the primary health care system, which includes a focus on disease prevention, have modelled healthier eating?

When I asked an OurCare representative about it, the reason that was given for serving the bacon and sausage was that "there are expectations." There were expectations that people could smoke everywhere and anywhere. That changed. When will the primary health care system model healthy eating?

This was the perfect opportunity to have had a presentation on the contribution of poor nutrition to the chronic disease burden and then model how that can change, by providing us with healthy, delicious, nutritious meals.

Carolyn Bund

My only wish that the groups we were in on October 15 (final session) could have gotten together two weeks after that on Zoom. So that we could have had a chance to read/respond to the written report, collect and then report on new specific outside information, debrief and go through the report together one last time. It was really hard to get specific information beforehand because health care is just too big of a concern to have extra information on the whole subject.

In that October 15 session I was in the ombudsperson group. Since then I Googled the Manitoba police, fire department and all levels of governments and they all have an ombudsperson. I hope we can model the medical ombudsperson section like the law enforcement review agency LERA.

<https://www.gov.mb.ca/justice/lera/complaint/index.html>

The website was easy to find and the page is clear, easy to read and navigate. The questions appear in the middle of the page. When you press on the individual questions the answer appears like a drop-box menu.

- 1) To whom does the Act apply?
- 2) What does LERA investigate?
- 3) Who may complain?
- 4) How is your complaint filed?
- 5) Are there time limits?
- 6) How is a complaint investigated?
- 7) Preliminary screening of complaint.
- 8) Do you need a lawyer?
- 9) How are complaints resolved?

On the left hand side of the website page there was a column of links directly associated with LERA too.



Quelques
membres du panel

Nouvelles
panel sur les priorités



About OurCare

OurCare is a pan-Canadian conversation with everyday people about the future of primary care. It seeks to understand what residents want in a high quality, equitable primary care system and to capture their recommendations for change.

The project is led by Dr. Tara Kiran, Family Physician, St. Michael's Hospital Academic Family Health Team; Scientist, MAP Centre for Urban Health Solutions, St. Michael's Hospital, Unity Health Toronto; Fidani Chair of Improvement and Innovation, University of Toronto.

OurCare has three stages:

National Research Survey

The survey was online from September 20 to October 25, 2022. More than 9,200 Canadians completed the survey, sharing their perspectives and experiences. Vox Pop Labs co-designed and executed the survey.

Priorities Panels

Priorities Panels are being held in five provinces: Nova Scotia, Quebec, Ontario, British Columbia and Manitoba. MASS LBP is co-designing and executing the panels with OurCare advisors and local delivery partners.

Community Roundtables

Community roundtables are being hosted in each of the five provinces listed above, focusing on equity-deserving groups that we did not hear enough from during stages one and two. MASS LBP is co-designing and executing the community roundtables with OurCare advisors and local community organizations.

OurCare Project Partners

OurCare is funded by:

Health Canada

Health Canada is the Federal department responsible for helping Canadians maintain and improve their health, while respecting individual choices and circumstances. Production of this document has been made possible through a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

Max Bell Foundation

Max Bell Foundation began making grants to Canadian charities in 1972. Today, the Foundation supports innovative projects that are designed to inform public policy change in four program areas: Education, Environment, Health & Wellness, and Civic Engagement & Democratic Institutions. The Foundation also delivers the Public Policy Training Institute, a professional development program designed to help participants more effectively engage in the public policy process, and PolicyForward, a future-oriented speaker series that brings thought leaders together to discuss the intersections of policy, technology, and innovation.

Staples Canada — Even the Odds Campaign

Staples and MAP have come together to create Even the Odds, an initiative to raise awareness of inequity in Canada and to help build vibrant, healthy communities. The partnership is based on the shared belief that everyone should have the opportunity to thrive. Even the Odds funds research and solutions to help make the future fair for everyone. Learn more at staples.ca/eventheodds.

OurCare is based at:

MAP Centre for Urban Health Solutions

MAP Centre for Urban Solutions is a research centre dedicated to creating a healthier future for all. The centre has a focus on scientific excellence, rapid scale-up, and long term community partnerships to improve health and lives in Canada. MAP is based at St. Michael's Hospital in Toronto.

St. Michael's Hospital, Unity Health Toronto

St. Michael's Hospital is a Catholic research and teaching hospital in downtown Toronto. The hospital is part of the Unity Health Toronto network of hospitals that includes Providence Healthcare and St. Joseph's Health Centre.

OurCare Supporters

Our Care is also supported by:

Department of Family & Community Medicine, University of Toronto

The University of Toronto's Department of Family & Community Medicine is the largest academic department in the world and home to the World Health Organization Collaborating Centre on Family Medicine and Primary Care.

St. Michael's Foundation

Established in 1992, St. Michael's Foundation mobilizes people, businesses, and foundations to support St. Michael's Hospital's world-leading health teams in designing the best care – when, where and how patients need it. Funds support state-of-the-art facilities, equipment needs, and research and education initiatives. Because St. Michael's Foundation stops at nothing to deliver the care experience patients deserve.

OurCare is working with:

Manitoba Advisory Group

Keir Johnson, **Doctors Manitoba**

Ashley Plypowich, **Indigenous Services Canada**

Mike Loudon, **Interlake-Eastern Health Authority**

Connie Newman, **Manitoba Association of Senior Communities**

Ganesan Abbu & Lisa Goss, **Manitoba College of Family Physicians (MCFP)**

Barbara Wasilewski, **Jeanette Edwards & Phil Jarman, Manitoba Health**

Scott Sinclair, **Manitoba Ministry of Health**

Chukwuma (Chuck) Abara, **Northern Health Authority**

Ian Whetter, **Ongomiizwin Health Services**

Mpho Begin, **Pan-Canadian Patient Council**

Brian Schoonbaert, **Prairie Mountain Health**

Denis Fortier & Vikas Sethi, **Shared Health**

Alan Katz, **Departments of Community Health Sciences and Family Medicine, University of Manitoba**

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Karen Appel, **Department of Family Medicine, University of Manitoba**

Mandy Buss, **Department of Family Medicine, University of Manitoba**

Nathan Coleman, **Department of Family Medicine, University of Manitoba**
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Sara Goulet, **Max Rady College of Medicine, University of Manitoba**
Karen Cook, **Office of community Engagement, University of Manitoba**
Melanie MacKinnon, **Ongomiizwin Institute of Health and Healing, University of Manitoba**
Christine Duprat, Joss Reimer & Mike Nader, **Winnipeg Regional Health Authority (WRHA)**

National Collaborating Organizations

Ako Anyaduba, **Black Physicians of Canada**
Rick Glazier, **Canadian Institute for Health Research**
John Feeley & Moira Teed, **Canadian Medical Association**
Christie Newton, **College of Family Physicians of Canada**
Benjamin Diepeveen, Kajan Ratneswaran, Susannah Taylor, Elizabeth Toller & Jocelyne Voisin, **Health Canada**
Bill Callery & Jennifer Major, **Healthcare Excellence Canada**
Melanie Osmack, **Indigenous Physicians Association of Canada**

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Sarah Newbery, **Northern Ontario School of Medicine**
Scott Garrison, **University of Alberta**
Sophia Ikura, **Health Commons Solutions Lab, Sinai Health System**
Vanessa Wright, **Women's College Hospital**
Vivian R Ramsden, **University of Saskatchewan**

Patient Advisory Groups

Canadian Medical Association's Patient Voice Advisory Group
MAP Centre for Urban Health Solutions' Improving Primary Care Public Advisors Council

*OurCare is engaging with distinct Advisory Groups in each province where it is working.
Visit [OurCare.ca](https://www.ourcare.ca) for more information about our supporters.*

Panel Development and Facilitation

The Manitoba Priorities Panel on Primary Care was designed and facilitated by MASS LBP. Founded in 2007 by Peter MacLeod, MASS is Canada's recognized leader in the design of deliberative processes that bridge the distance between citizens, stakeholders, and government. For more than a decade, MASS has been designing and executing innovative deliberative processes that help governments develop more effective policies by working together with their partners and communities.

Priorities Panel Team

Co-Chairs:

Jasmin Kay, National Project Director and Manitoba Panel Co-Chair
Dr Mandy Buss, Manitoba Panel Co-Chair

Special Guests:

Albert McLeod, Knowledge Keeper from Nisichawayasihk Cree Nation and the Métis communities of Cross Lake and Norway House
Dr. Lisa Monkman, Family Physician in Brokenhead First Nation

Social Worker:

Dorit Kosmin

Facilitators:

Lella Blumer
Libby Chunyk
Chris Ellis
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Interpreter:

Alexie André-Bélisle

Civic Concierges:

Mackenzie Alexiuk
Kayte McKnight

Image credits: Yuri Markarov, Unity Health Toronto

To learn more about MASS LBP's work, please visit masslbp.com.
To follow developments on this project, please visit ourcare.ca.



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