



A Centre of Care; A Centre to Share

Pursuing a strong future for the
Interlake-Eastern Health Region

We are exploring the potential of a campaign to develop a new integrated
Primary Care Centre in our Region. We welcome your thoughts.



Betty's Story

Betty L.* is my mother. She's 82 and lives by herself on William Avenue in Riverton. She's been there for nearly 50 years. **My mom loves Riverton and doesn't want to move. Ever.**

My mom is feisty, funny, and wakes up each day with a positive attitude. She stays optimistic and bright, even though **her rheumatoid arthritis is sometimes a barrier to her living life to the fullest.** I love her spirit and energy.

The other day she called me at

about noon after her medical appointment. "Dr. Amari is leaving town," she said. I could hear the sadness in her voice. "He's only been here for two years and I like him. I hope I like the next one."

The "next one" will be my mom's third doctor in five years. And who knows if they will even be able to find a new doctor any time soon? I worry, because my mom's health care needs are going to become more complicated, not less.

-Michael L., Winnipeg

**While Betty L. is not a real person, her story is a common one. With the high turnover of doctors in the Interlake-Eastern Health Region, people will typically have many different physicians over their lifetimes.*

Betty L.'s story is, sadly, a common one throughout the Interlake-Eastern Health Region. With a dependence on international medical graduates who often see their assignments in the Region as temporary positions, the Region experiences very **high physician turnover**.

While patients throughout the Region receive excellent care from our doctors, these high turnover rates deny patients the opportunity to develop the type of deep, enduring bonds with their physicians that inspire confidence and promote continuous and comprehensive patient care over time.

The high turnover rates also create disruption and cause additional expense for the Interlake-Eastern Regional Health Authority (IERHA). **Each year, the IERHA needs to recruit an average of five new physicians to fill vacancies.** With lower turnover rates, the money spent on physician recruitment could instead be used to fund health programs and services throughout the Region, directly benefitting the 124,000 people who call this part of Manitoba home.

Adding to the disruption caused by physician turnover is the fact that patients with chronic illnesses who would otherwise be treated by their family physicians will instead come to hospitals seeking additional treatment and support. This is, of course, costly and potentially reduces the efficiency of emergency rooms. The Emergency Department at the Selkirk Regional Health Centre, for instance, experiences **20,000 visits a year from patients with less-urgent and non-urgent conditions** and who have scheduled out-patient appointments. Additionally, a 2014 survey showed that:

- 64.6% of residents of the Interlake-Eastern Health Region were looking for a doctor;
- 50% of the residents of the Region saw doctors in other Regions (the provincial average is 19%); and
- 27.7% of visits to a general practitioner by residents of the Interlake-Eastern Health Region were to GPs in Winnipeg (exceeding the 5.9% average for other rural health regions in Manitoba).

With these trends showing no signs of reversal, the status quo is not sustainable for the long term. With high physician turnover rates:

- patients do not receive continuous and comprehensive care over their lifetime;
- the cost of recruitment is diverting funds from other potential uses; and
- hospital emergency rooms are seeing too many non-urgent cases.

In response to the situation, the IERHA formed a Clinical Teaching Unit Task Force to consider possible solutions. Based on this work, the IERHA has concluded that it is essential to build a **new integrated Primary Care Centre in Selkirk** to offer better service throughout the region.

Of critical importance, the proposed integrated Primary Care Centre would include a **Clinical Teaching Unit** that would allow medical residents to receive primary care training. This would be particularly attractive to medical residents who are from the Region and would welcome the opportunity to work and build their careers in the Region.

A residency program offered through a Clinical Teaching Unit in Selkirk will:

- lessen the Region's reliance on short-term international medical graduates;
- encourage medical students from the area and other parts of Manitoba to pursue their careers here;
- allow for better health promotion and outreach throughout the Region, along with professional mentorship; and
- contribute positively to long-term recruitment and retention efforts for all facilities within the IERHA.

The Interlake-Eastern Health Region is the only health region in Manitoba without a Clinical Teaching Unit or central integrated Primary Care Centre. This project will correct that inequity for the benefit of all Manitobans and restore balance to the delivery of care throughout the province.

It costs about **\$75,000** to recruit a new physician. With an average of five new vacancies a year, the IERHA is spending **\$375,000** in recruitment.



Between 2011 and 2016, **44** family physicians the Interlake-Eastern Regional Health Authority left their positions. Of those, **38** were international medical graduates.



An “integrated” Primary Care Centre is a facility that offers a broad range of health programs and services and houses a team of professionals, including: family physicians, nurse practitioners, physiotherapists, dieticians, psychologists, and others.



The Project

The Task Force carefully considered a variety of construction options and ultimately recommended the development of a green field project, developed by a third party. This was seen as the best and most cost-effective option.

There is a possible location on the campus of the Selkirk Regional Health Centre which would allow for some synergies with information technology, telephone services, and other infrastructure.

Officials are considering plans for a two-storey option (30,000 sf) and a one-storey option (15,000 sf). The decision will be based in part on how much money can be raised to support the effort.

The two-storey option requires a **\$6.2 million** investment from the community; the one-storey option requires a **\$3.8 million** investment.

Increasingly throughout Canada, capital projects and equipment purchases in the health care sector require support from philanthropists and communities. Health care is a public good, but the cost of sustaining an optimal system outstrips the resources available from governments. All across Canada, individuals and communities are stepping up to make a difference.

Is It Sustainable?

Aside from the positive impact the integrated Primacy Care Centre would have on the lives of people living in the Region, the business case for the new Centre is compelling:

- The new Primary Care Centre would divert non-urgent patients from the Region's acute care facilities. At the Selkirk Regional Health Centre alone, this would create a savings of \$900,000 in hospital operating costs.
- With better physician retention, the Region would reduce its annual recruitment costs.
- Starting with 10 physicians (and eventually growing to 15), physician overhead payments would produce nearly \$750,000 in annual revenue for the Centre.
- The IERHA lease arrangement with the Centre would initially generate \$175,000 in annual revenue.
- The business plan calls for an initial annual operating deficit of \$136,580, an amount expected to be reduced to \$0 through capital contributions.

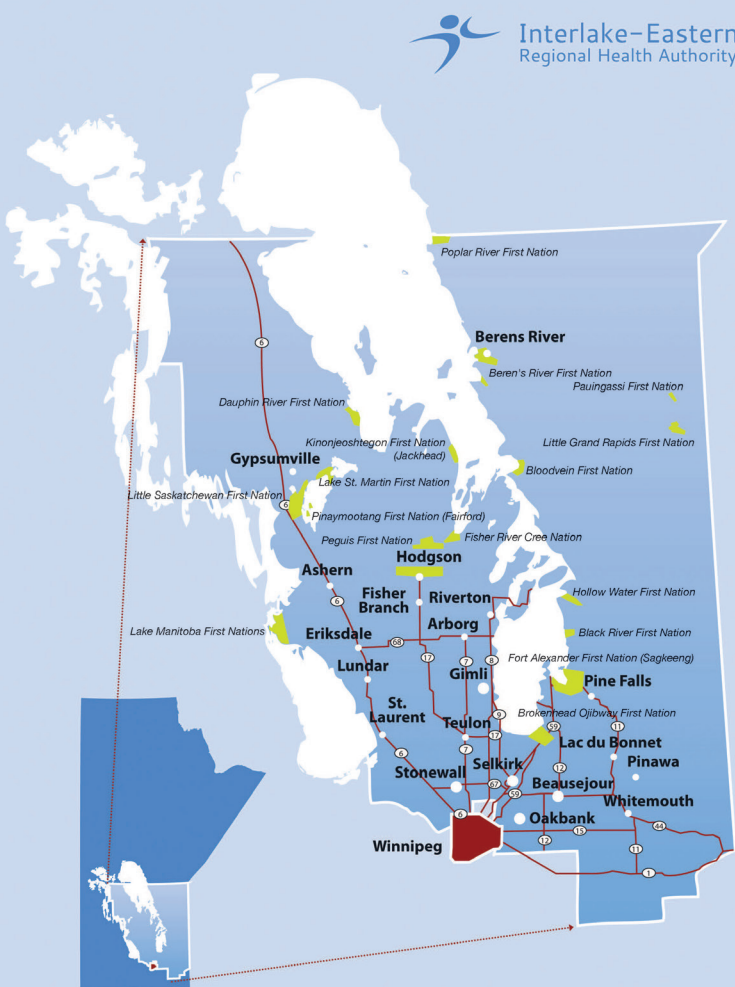
About the Interlake-Eastern Health Region

The Region includes **24 Métis communities** and **17 First Nations** (Berens River, Black River, Bloodvein, Brokenhead Ojibway, Dauphin River, Fisher River, Fort Alexander, Hollow Water, Kinonjeoshtegon, Lake Manitoba, Lake St. Martin, Little Grand Rapids, Little Saskatchewan, Pauingassi, Peguis, Pinaymootang, and Poplar River).

61,000 sq kms in size, extending east to the Manitoba/Ontario border; north to the 53rd parallel; west to Lake Manitoba; and south to Winnipeg and farther south to the east of the city.

The population of the Region is **124,000**.

The Region includes **one city** (Selkirk); **six towns** (Arborg, Beausejour, Gimli, Stonewall, Teulon, and Winnipeg Beach); **two local government districts** (Pinawa and Alexander); **five villages** (Dunnotar, Garson, Lac du Bonnet, Powerview, and Riverton); and **20 rural municipalities**.



A Closing Thought

This is a rare opportunity for the IERHA to advance a project that will serve as a **transformational leap in the provision of health care to 124,000 Manitobans**. This is not about tinkering with the system. This is about creating the conditions to train and retain more doctors and offer continuous, comprehensive, and better care.

We seek ideas, input, championship, and ultimately financial contributions to bring this project to fruition.

We welcome your feedback.

Interlake-Eastern Regional Health Authority
www.ierha.ca

