

# MY HEALTH TEAM

Stage 2

- **MyHT Description & Formation Plan**

Version 2.0: February 10, 2017

## PURPOSE AND INTRODUCTION

The purpose of this stage is to confirm and document information about the MyHT as first described in the Expression of Interest (EOI) (membership, structure, roles, decision-making processes) to ensure that the MyHT is well-defined before the MyHT moves to Stage 3 - Service Planning. Information from the EOI submission can be used to complete some of this template.

This document will also capture early planning information about the MyHT formation and service planning (e.g. deliverables, milestones, budget, and high-level communication and engagement plan), providing definition and parameters to the project that will inform the MyHT going forward, and will become part of the final planning document.

As part of this stage, Manitoba Health Liaisons are available to assist MyHTs in completing the MyHT Description and Formation Plan template.

## PART 1. CONFIRMATION OF MYHT POPULATION AND GEOGRAPHY

1.1 Will the MyHT population initial state, target state, communities, and demographics remain the same as submitted in the EOI (Part 5: MyHT Population Description).

- ☐ Yes      ☐ No (go to 1.1.1)

1.1.1 If no, what has changed since the EOI submission?

1.2 Describe the MyHT patient-centred vision. *How will the community experience Primary Care differently once the MyHT and its services are implemented? What is the MyHT collectively trying to achieve?*

## PART 2. MYHT STRUCTURE

2.1 Who will function as Executive Sponsors for the MyHT? At minimum, two executive sponsors must be identified: one representing the RHA and one representing a member organization.

RHA Executive Sponsor:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone number \_\_\_\_\_ Email: \_\_\_\_\_

Executive Sponsor for member organization:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone number \_\_\_\_\_ Email: \_\_\_\_\_

*Add additional Executive Sponsors.*

2.2 Confirm who will provide leadership within each MyHT organization.

Fee-for-Service Primary Care Physician Leader:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone number \_\_\_\_\_ Email: \_\_\_\_\_

Community Organization Leader:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone number \_\_\_\_\_ Email: \_\_\_\_\_

RHA Leader:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone number \_\_\_\_\_ Email: \_\_\_\_\_

*Add additional Leaders as necessary.*

2.3 If the MyHT has a project manager, include details below:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone number \_\_\_\_\_ Email: \_\_\_\_\_

2.4 List all key members to date, including fee-for-service primary care practice/physician and community organizations that will play an active role in the MyHT.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_ Role: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_ Role: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_ Role: \_\_\_\_\_

*Please copy the above template for the additional MyHT members.*

2.6 Include a copy of the MyHT Steering Committee Terms of Reference. Refer to the *Operating Agreement Principles* document to guide the MyHT Steering Committee Terms of Reference. *Note that a Steering Committee is not officially formalized until an operating agreement is signed.*

- The MyHT Steering Committee will be organized and operated using recognized best practices (resource websites available from Manitoba Health, Policy #HSC 200.1 – Board Governance and Accountability).

2.7 Include an organizational structure diagram that offers a visual representation of the relationship between all participating members and programs, identifying all committees and sub-committees and their functions.

2.8 Describe the tentative role of each MyHT member (RHA, fee-for-service primary care practices/physicians, community organizations, etc.), if not already described in the MyHT Steering Committee Terms of Reference. Please refer to the *Operating Agreement Principles* document for the features Manitoba Health is expecting in the Final MyHT Plan.

2.7 Describe how decisions will be made regarding MyHT planning, implementation and ongoing operations, including the allocation of MyHT resources available from the Province.

2.8 Describe the approach for resolving potential conflict within the MyHT.

### PART 3. COMMUNICATION AND ENGAGEMENT PLAN FOR FORMATION AND PLANNING

3.1 Update the list of fee-for-service primary care practices, and community organizations identified in the EOI, and potential MyHT members, who will be consulted/engaged as MyHT service plans are developed. Identify the objective of each consultation or engagement.

Program, Provider, Stakeholder	What information do they need to know?	What information does the MyHT need to know from this group in order to plan services?	How will the MyHT communicate with or engage this group? (e.g. meeting, email/letter, phone call, notice in newsletter). <i>Note your Work Plan below should identify who is responsible for communicating and engaging, and when.</i>

Add additional rows as needed.

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## PART 4. WORK PLAN FOR MYHT FORMATION AND PLANNING

4.1 Identify the deliverables (e.g. reports, products, documents, milestones) that are required by the MyHT Steering Committee during the MyHT formation and planning stage, include the person(s) accountable for delivering each and the date that each is due to the Steering Committee. This work plan should cover all the deliverables necessary to develop a MyHT Plan consistent with the MyHT Planning Guide.

Deliverable to MyHT Steering Committee or Milestone	Description/Acceptance Criteria	Person(s) Accountable	Due Date
<i>e.g. MyHT Description and Formation Template</i>	<i>Complete the template provided by MBHealth. Ensure all questions have been completed. Review Template with MB Health liaison.</i>	<i>Project Lead (with input from Project Leadership)  Steering Committee approval required before final submission.</i>	<i>To Steering Committee by 12/15/12 (due to MBHealth by 01/01/14)</i>

Add additional rows as needed.

## PART 5. BUDGET FOR MYHT FORMATION AND PLANNING

5.1 Include a high-level budget for the MyHT Formation and Planning Stage. Items in-scope include:

- Physician engagement (including coverage for loss of income of the FFS physicians participating in formation and planning)
- Travel
- Meeting support
- MyHT facilitation/coordination/project management
- Communication

The amount of funds available from Manitoba Health to support the MyHT formation and planning stages is \$262,000 in one-time funding, to be provided upon successful selection of an Expression of Interest. These funds are provided on a **cost recovery basis**.

Item	Unit Cost (e.g. per hour, km)	Number	Projected Cost (Unit Cost x Number)	Funding Source (MHSAL MyHT Funds, or from other or existing sources?)
TOTAL				

Add additional rows as needed.



## Part 6. SIGNATURES

Provide the name and signature of at least one representative from each organization (fee-for-service primary care practice/physician, community organization, and Regional Health Authority) who has reviewed and accepted each section of the MyHT Description and Formation Plan.

### ***Fee-for-Service Primary Care Physician***

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ***Community Organization***

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ***Regional Health Authority***

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Part 7. NEXT STEPS

1. Use the completed template above to finalize your MyHT Description and Formation Plan.
2. Review the completed draft MyHT Description and Formation Plan with your MH Liaison prior to submission.
3. Please submit your completed MyHT Description and Formation Plan, to:

Barbara Wasilewski  
Executive Director, Primary Health Care  
Manitoba Health, Seniors and Active Living  
1<sup>st</sup> floor, 300 Carlton Street  
Winnipeg, MB R3B 3M9  
Email: [Barbara.Wasilewski@gov.mb.ca](mailto:Barbara.Wasilewski@gov.mb.ca)  
Fax: 204-943-5305

MyHT members are invited to ask questions and seek clarification. Feel free to contact your regional liaisons or Laura Morrison, Project Manager, at 204-788-6434 or at [Laura.Morrison@gov.mb.ca](mailto:Laura.Morrison@gov.mb.ca).