

MY HEALTH TEAM

My Health Team Year 2 Service Plan

Version 3.0 May 27, 2015

BACKGROUND

Increasing attachment within the first two years of operations was the main focus of the initial service plan that was implemented in year one of operations. Planning for year two will sustain and maintain the attachment work of year one and, in addition, will target timely access and patients with complex needs.

Year	Service Planning Priority Target State	Planned in	Implemented in
Y1	Attachment (Target of 2000 patients in first two years of operations)	Development Year	Y1 and Y2 of Operations
Y2	Timely Access AND Patients with Complex Needs	Year 1 of Operations	Year 2 of Operations
Y3	Service Coordination AND Outreach to Vulnerable Populations	Year 2 of Operations	Year 3 of Operations

FUNDING

My Health Teams (MyHTs) are eligible for up to \$600,000 in Y2. See budget section for further detail.

Year 1 \$525,000	Year 2 \$600,000	Year 3* \$675,000	Year 4* \$750,000
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* Incremental funding in years 3 and 4 may be available.

A MyHT is eligible for up to \$75,000 increment in year 2 of operations, provided that the MyHT:

- Has submitted an acceptable yearly Progress Report demonstrating achievement on key milestones and targets.
- Has an approved Year 2 Service Plan.
- Is generally up-to-date and in good standing respecting deliverables.

PURPOSE

The purpose of this document is to continue service planning for MyHT operations. This plan will update, enhance and build on the existing services focusing on attachment established in the first year of operations. MyHTs will commit to measuring various aspects of timely access and include the needs of specific complex patients in the service plan.

Service Plans may identify net new services but they may also describe plans to re-design, improve or augment an existing MyHT service.

This service plan focuses on three main targets:

1. **Continue to increase attachment** of patients within the first two years of operations.
2. **Timely Access** in Y2 will focus on measuring access indicators to capture baseline data and commit to reaching the long-term goal of 24-48 hours access to primary care services in the MyHT. The accompanying document, titled *Timely Access to Appointments in Family Practice* published by the College of Family Physicians of Canada (CFPC) will provide information on strategies that support timely access to appointments in primary care settings. Although there are other systems that can be introduced, the guide focuses on same-day/advanced access scheduling, its benefits and limitations, and tips for implementing same-day scheduling into a practice. Strategies for timely access to appointments are a core element that has been recommended for newer models of practice, in keeping with the CFPC's *Patient's Medical Home* at www.cfpc.ca/uploadedFiles/Resources/Resource_Items/PMH_A_Vision_for_Canada.pdf.

NOTE: in Y2, MyHTs are being asked to begin measuring access, no service plan is required for Y2 relating to access. The main goal in Y2 is to capture baseline measurements for access in order to inform future plans to achieve the long-term target state of 24-48 access (including extended hours as required) to primary care services in a MyHT. The development of an access improvement plan (based on the data collected in Y2) will be required for Y3.

STEP 1: The Gap Analysis section includes a chart that you will be required to complete which includes some indicators that will serve to assist you in understanding your current situation and to provide you with a snapshot in time. This baseline data will help you to identify your issues and challenges for eventually meeting the target state.

STEP 2: Based on the data submitted in the chart, MHHLS will arrange for an individualized planning session with each My Health Team to determine appropriate access indicators to measure over the year. At minimum, MyHTs will be asked to measure third next available appointment, panel size, return visit rates and supply & demand. These indicators will provide the necessary data for determining an appropriate plan for improving access (required for Y3).

3. Deliver services to support a specific population of identified **patients with complex needs**. Patients with complex needs are typically defined as having multiple chronic medical conditions and/or other factors such as advanced age, mental illness (including addictions), physical and/or mental challenges, and/or treatment with multiple medications. Service planning for patients with complex needs will include an analysis and identification of high users of health services and a determination of how to best meet those needs in an effective and efficient manner.

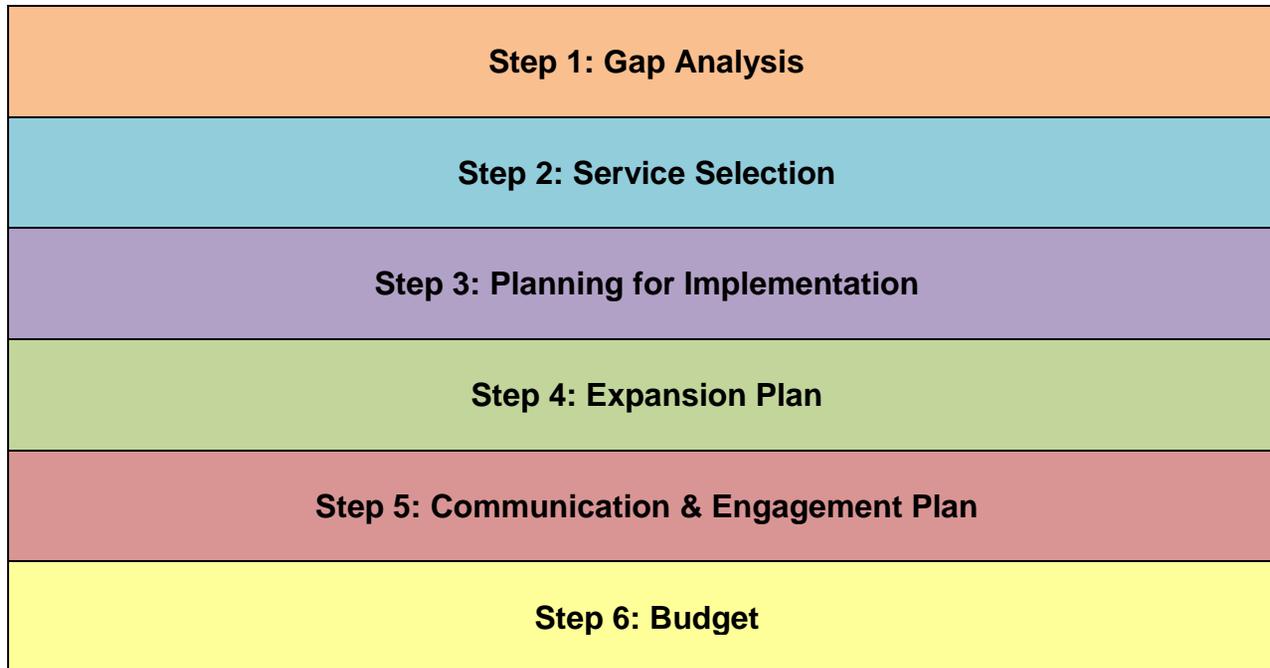
Y2 planning for patients with complex needs will build the foundation for year 3 priorities of service coordination and outreach to vulnerable populations.

Please refer to the accompanying guide for further background and information on planning for patients with complex needs.

SERVICE PLAN TEMPLATE

The Service Plan has been developed in a template format. Each question and required information must be completed within the template provided. Additional space may be required to complete some sections.

The Steps in the MyHT Service Planning stage include:



The Manitoba Health, Healthy Living and Seniors (MHLS) Liaisons are available to guide you through the template and the MyHT planning process.

STEP 1: GAP ANALYSIS OVERVIEW

The Gap Analysis consists of three parts: 1. Identify the target state; 2. Determine the current state; and 3. Conduct a gap analysis.

1. **Target State** - The target state for this service plan includes three main objectives:
 - a. **Continue to increase attachment** of patients within the first two years of operations.
 - b. Deliver services to support a specific population of identified **patients with complex needs**. Y2 planning for patients with complex needs will build the foundation for year 3 priorities of **service coordination and outreach** to vulnerable populations.
 - c. **Measure access** indicators in Y2 to capture baseline data and commit to reaching the long-term goal of 24-48 hours access to primary care services in the MyHT.

2. **Current State** – The current state will include three main components:
 - a. Review and update Y1 current state
 - b. Identify and gather new data to further understand the current state.
 - c. Review Y1 services and identify required changes/enhancements.

3. **Gap Analysis** - Conduct a gap analysis to understand the difference between your target state and current state and determine what barriers to the target state exist and which of them must be addressed.

TEMPLATE: GAP ANALYSIS

1. Target State – No action required in this section.

Target State	Year 2 deliverable
Patients within the MyHT area will have a primary care provider	2000 patients attached by end of Y2
24-48 hours access (including extended hours as necessary) to primary care services	Measure access indicators
Patients with complex needs will receive targeted primary care services	Deliver services for a specific “patients with complex needs” population

2. Current State – The following information may be useful in completing the questions within this template:

- *Family Doctor Finder Program data*
- *Canadian Community Health Survey data*
- *Community Health Assessment data*
- *Manitoba Youth Health Survey 2012-13*
- *The 2013 RHA Indicators Atlas*
- *Electronic Medical Records (EMR) data*
- *Comparative Analytic Reports (produced semi- annually from the Primary Care Data Extracts)*
- *Regional Health Authority Primary Care Capacity Planning (PCCP) Data Collection*
- *Canadian Triage & Acuity Scale (CTAS) data for the local Hospital Emergency Rooms/Departments*
- *Other information as required*

a) Review and update Y1 current state

Attach a summary of the Y1 current state to this plan. **Highlight** all updates or new information/data and ~~strikethrough~~ significant deletions.

b) Identify and gather other new data to further understand the current state

Attachment:

Total number of people residing within the MyHT geographic area: _____

Estimated number of people within the MyHT without a regular primary care provider: _____

Number of patients that were attached through the MyHT in the first year: _____

Number of patients and/or percentage remaining from 2000 attachment goal: _____

Will the current MyHT plan/services achieve the 2000 attachment goal by the end of year 2 operations? YES NO

If no, please describe the challenges/barriers that are preventing you from reaching the target state.

Timely Access:

Please use the chart below to list the current hours of operation and patient wait times (in days) for each clinic within your MyHT. If you have Advanced Access measurement tools to calculate wait times then please use those but otherwise, a general estimation is quite sufficient and please add columns to the table as necessary.

Clinic Name	Hours of Operation	Open evenings (after 5:00 p.m. please √)		Open on weekends (Please √)		Patient wait time for appointments (estimate in days)		Average Panel Size
						Regular appointment	Physical Examination	
		Monday		Saturday				
		Tuesday		Sunday				
		Wednesday						
		Thursday						
		Friday						
		Monday		Saturday				
		Tuesday		Sunday				
		Wednesday						
		Thursday						
		Friday						

Identify some of the potential barriers and/or provide other barriers to timely access that your MyHT is experiencing:

Lack of human resources _____

Providers have very large panels of patients _____

New providers that take longer time with patients _____

Lack of appropriate number of examination rooms _____

Providers have competing priorities (i.e. ER duties, PCHs, administrative work, etc.) _____

Providers practice style _____

Please describe any other potential barriers preventing patients from 24-48 hours access to primary care within the MyHT:

Patients with Complex Needs:

What are the hospital readmission rates (within 30 days) for your area as per *The 2013 RHA Indicators Atlas*?

What are the pharmaceutical use rates and the “number of different drug types dispensed” for your area as per the *Atlas*?

Which chronic diseases have the highest prevalence rates in the MyHT area?

What is the prevalence of mood and anxiety disorders?

What is the prevalence of mental illness?

What is the prevalence of substance use?

Are there high frequency users of the Emergency Room (ER) as defined by more than 17 visits per year? Or defined as five or more ER visits plus 3 or more admissions to Hospital?

What types of conditions are contributing to the complexity of patients being seen in the ER and in primary care clinics?

Are there a high number of patients that are not managing their chronic conditions and as a result are going to the ER?

Are there co-existing conditions that have been identified as challenging for primary care providers?

Are there a high number of patients experiencing medication related issues being seen in primary care or in the ER?

Are patients with complex needs able to access the services and providers that they require?

Are there other organizations/services providing care to patients with complex needs that are not currently members of the MyHT?

Summarize the findings regarding patients with complex needs.

c) Review Y1 services and identify required changes/enhancements

For each service identified in the Y1 plan, please complete the following information:

Service Name:

i. Did this service do what it was intended to do? Explain.	
ii. Describe the results of this service based on the Y1 expected outcomes and deliverables.	
iii. Describe any considerations or plans for changes to this service, including plans to terminate any aspects or processes.	
iv. Could this existing service also address health outcomes for patients with complex needs? How?	

Summarize your current state. Include potential areas/items of opportunity, key observations, and key findings.

3. Summary of Gap – The purpose of the gap analysis is to understand the difference between your target and current state and to identify barriers to the target state.

The MyHT will complete an Affinity Diagram exercise to generate results for this session. The purpose of developing an Affinity Diagram

is to use the insights of people who are knowledgeable about an issue to analyze the causes of the issue. The quality of the diagram is determined by the representativeness of participants and the willingness of participants to keep asking “why is this so?” Use the Five Whys — a process of repeatedly asking “why” until the root of an issue is exposed. The process involves brainstorming, grouping similar ideas, refining the root of the ideas and in the end generating a source of improvement ideas. (See Appendix A: Affinity Diagram Instructions.)

MyHT Liaisons will be available to facilitate this exercise upon request.

MyHT will be required to:

- Attach a copy of the results generated from the exercise.
- Summarize the main themes and findings:

STEP 1 ENDS

STEP 2 BEGINS

STEP 2: SERVICE SELECTION OVERVIEW

The MyHT will identify, prioritize, and select specific services for Y2 operations.

Prioritize the identified gaps and associated service related to achieving the three targets (continue to increase attachment, measure access indicators, deliver services for patients with complex needs).

Analyze the constraints, opportunities, and considerations for each gap/service:

- Attachment
- Highest needs population
- Access barriers
- MyHT Funding
- Impact on patients
- Impact on members/stakeholders/providers
- Availability of resources
 - Existing resources (e.g. financial, services, in-kind)
 - Supporting resources (e.g. existing care teams)
 - Leveraging resources (e.g. acute to primary care)
- MyHT Capacity and Time
- Availability/recruitment of profession

Select the service(s) that demonstrate the best potential to address the service outcomes and targets identified.

TEMPLATE: SERVICE SELECTION

MyHT will work through a prioritization process (e.g. paired weighting, dot voting, impact-effort matrix, etc.) in order to select specific gaps and services to include in the Y2 plan. Be sure to use your affinity diagram to assist this selection process. (See Appendix B for instructions.) MyHT Liaisons will be available to facilitate this exercise upon request.

List the gaps/services identified and prioritized.

Describe and explain the priorities selection process.

List all services identified for this service plan:

- Continued Services (from Y1 plan), includes minor enhancements:
 - 1.
 - 2.
 - 3.
 - 4.etc.
- Redesigned Services (from Y1 plan), includes significant changes (e.g. what the service is, how the service is delivered, etc.):
 - 1.
 - 2.etc.
- New Services:
 - 1.
 - 2.etc.

STEP 2 ENDS

STEP 3 BEGINS

STEP 3: PLANNING FOR IMPLEMENTATION OVERVIEW

This section will serve to identify each new and modified service for Y2 and will define the goals, operational requirements and measurements for each of those services.

MyHTs will include the previous service planning template as submitted in Y1 and highlight any changes, modifications, or enhancements to this service, as well as complete a new template for each new service/requirement.

Each service/requirement will need to be thoroughly documented and include the sequential steps necessary to move the service model from plan to reality. As part of this step you will:

- Identify what is required to find, develop, or acquire each of the operating requirements and create detailed operating plans (e.g. specific staff, space/location, hours, frequency, policies, procedures, protocols)
- Identify what is required to find, develop, or acquire each of the implementation requirement activities and create detailed implementation requirement plans (e.g. team building strategies, training, other activities or products needed for service operations). This should include how the MyHT activities will be sustained as part of the regular operations.
- Document timelines
- Identify practice changes/workflows necessary (within each MyHT site)
- Review the funding principles and ensure each member considers existing resources that can be allocated to support the service before the need for net new resources are identified

TEMPLATE: PLANNING FOR IMPLEMENTATION

1. Include your previous service planning template as submitted in Y1. **Highlight** any changes, modifications, or enhancements to this service and ~~strike through~~ significant deletions.
2. Complete the following template for each new service/requirement.

Service/Requirement Name:																																					
Gap Statement	<i>The gap statement must be patient-centered and describe the issue that this service will address (Attachment, Access, Patients with Complex Needs).</i>																																				
Population Needs Addressed (including Target Population)	<i>Identify the unmet population health needs that will be addressed.</i>																																				
Patient Experience	<i>What can patients expect from this service?</i>																																				
Target State	<i>How will this service help to achieve the target state?</i>																																				
Service Description	<i>Provide a description of what the service will entail.</i>																																				
Service Location	<i>Where will the service be delivered? Where will patients receive the service? If the service will be delivered in multiple locations please list the locations.</i>																																				
Expected Outcome	<p><i>Identify deliverables based on target state (e.g. attachment, timely access, patients with complex needs). What are the measurable targets and results expected for this service?</i></p> <p>EXAMPLE: Service = Mental Health and Wellness Support</p> <table border="1"> <thead> <tr> <th>Expected Outcome (based on target pop.)</th> <th>Indicator</th> <th>Definition</th> <th>Frequency</th> <th>Target</th> <th>Data Source</th> <th>Owner</th> <th>Measured Now?</th> </tr> </thead> <tbody> <tr> <td rowspan="3">Assuming an estimated 2 of 5 visits/year as well as care for an estimated 30% (1200) of total patients seen in last 12 months creates a potential opportunity for physicians to attach >1200 new patients. There will also be opportunity to increase NP attachment at RHA Clinic.</td> <td>Patient Attachment</td> <td>MHLS Algorithm</td> <td>Quarterly</td> <td>Y1 700 Y2 1300</td> <td>EMR Extract</td> <td>Clinics</td> <td>Yes</td> </tr> <tr> <td>% MyHT population matched</td> <td># Registered/# Matched in < 30 days</td> <td>Monthly</td> <td>> 80%</td> <td>PMH Care Connector Database</td> <td>Primary Care Connector</td> <td>Yes</td> </tr> <tr> <td>Referrals</td> <td># internal referrals</td> <td>Monthly</td> <td></td> <td>Clinics' EMRs, Programs' EMRs</td> <td>Clinics, Program Areas</td> <td>Yes</td> </tr> </tbody> </table>							Expected Outcome (based on target pop.)	Indicator	Definition	Frequency	Target	Data Source	Owner	Measured Now?	Assuming an estimated 2 of 5 visits/year as well as care for an estimated 30% (1200) of total patients seen in last 12 months creates a potential opportunity for physicians to attach >1200 new patients. There will also be opportunity to increase NP attachment at RHA Clinic.	Patient Attachment	MHLS Algorithm	Quarterly	Y1 700 Y2 1300	EMR Extract	Clinics	Yes	% MyHT population matched	# Registered/# Matched in < 30 days	Monthly	> 80%	PMH Care Connector Database	Primary Care Connector	Yes	Referrals	# internal referrals	Monthly		Clinics' EMRs, Programs' EMRs	Clinics, Program Areas	Yes
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Service Start date	<i>Include the date in which the service is expected to begin operations.</i>														
Responsibility and Process	<i>Who within the MyHT is responsible for this service? What are they responsible for? How does this service work? What is the operational process for the system? Consider including a workflow map of how the service will function with the system. How is the service monitored?</i>														
Service/Operational Requirements (e.g. staff, FTE, space/location, hours, union matters, policies, procedures, protocols)	<p><i>What is essential to find, develop, or acquire for each service?</i></p> <p>Are components of this service/requirement already in place within the region? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please describe the components.</p> <table border="1" data-bbox="516 440 1776 646"> <tr> <td>RHA</td> <td></td> </tr> <tr> <td>FFS Physician(s)</td> <td></td> </tr> <tr> <td>Community Organization</td> <td></td> </tr> </table> <p>Are there existing resources that will be allocated to the service? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please describe this resource.</p> <table border="1" data-bbox="516 748 1776 963"> <tr> <td>RHA</td> <td></td> </tr> <tr> <td>FFS Physician(s)</td> <td></td> </tr> <tr> <td>Community Organization</td> <td></td> </tr> </table> <p>Are new resources required to operate the service/requirement? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please describe the resource.</p> <table border="1" data-bbox="516 1065 1776 1133"> <tr> <td>MyHT</td> <td></td> </tr> </table>	RHA		FFS Physician(s)		Community Organization		RHA		FFS Physician(s)		Community Organization		MyHT	
RHA															
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MyHT															
Implementation/Set-up Activities (e.g. practice changes/ workflows, team building sessions, training, new protocols, processes, activities or products)	<p>What needs to change within the current system to effectively deliver the service/requirement?</p> <p>What change is required?</p> <p>Who within the MyHT is responsible for leading this implementation requirement?</p> <p>Who will be involved and who will potentially be impacted by the change?</p> <p>Timeline (When will this change occur? Start and end dates?)</p>														

	<p>List the steps/procedures required for implementation: (If an FTE is being introduced, describe how this position will be introduced into a collaborative team i.e. decision making, delegation, scheduling, etc.) How will this service/requirement be integrated/connect into the current system? With other team members? With existing related services?</p> <p>How will you know that the implementation requirement has been successful?</p>
Dependencies	<p>Will other services/resources affect this service/requirement? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, describe what services/resources (including elements, events, issues, etc.) that are outside the control of the MyHT that may impact the implementation and/or timing of this service. Include how this will be mitigated.</p>
Planned communications	<p>Who needs to be informed about this service?</p> <p>What messages need to be developed and delivered about the service?</p> <p>How will the MyHT communicate the messages?</p>
Budget Requirement	<p>\$ _____</p>
Other	<p>List any other considerations for this service/requirement.</p>

STEP 3 ENDS

STEP 4 BEGINS

STEP 4: REVIEW/UPDATE EXPANSION PLAN

The previous expansion plan was developed for a two year period and with a focus on attachment. Each year the MyHT will be asked to review the expansion plan and revise based on yearly planning priorities and new incremental funding plans.

EXPANSION PLAN TEMPLATE

Review the Y1 Expansion Plan and consider the following questions:

What has been accomplished to date?

What remains outstanding?

Attach a summary of the Y1 Expansion Plan (including the population summary) to this plan. **Highlight** all updates and new information and ~~strike through~~ significant deletions. When updating the plan, consider the following questions:

- Does the plan need to be revised to reflect the new priorities and services?
- Have new opportunities arisen that should be included?
- What new partners should be explored and included in the My HealthTeam?

Table from Y1 Plan to be updated:

<i>Community area</i>	<i>Population size</i>	<i>Characteristics of community</i>	<i>Timeline – when is the MyHT expected to reach this community?</i>

<i>Who/Where is the target community, FFS site, and/or community organization?</i>	<i>Who from the MyHT Team will lead?</i>	<i>What is needed from and for this community/site /organization for them to participate in the MyHT?</i>	<i>What can be done now to ensure their needs are addressed before they join the MyHT?</i>	<i>Timeline</i>

STEP 4 ENDS

STEP 5 BEGINS

STEP 5: REVIEW/UPDATE COMMUNICATION & ENGAGEMENT PLAN

Begin by reviewing the Communication Plan from the Year 1 Service Plan:

1. Review the timeframes/deadlines in your current Communications Plan and consider which items have not yet been achieved.
2. Identify the incomplete (and still relevant) items from the previous Communications Plan that will need to be carried over to year 2.
3. Consider any new audiences, issues or key messages relevant to your new services that will need to be included.
4. Using the Public Participation Spectrum (located at the end of this section), consider your “public participation goal” (PPG) for each audience (inform, consult, involve, collaborate, empower) and determine which is the best approach to achieve your outcome. Record this under “Audience” as shown in the example provided. More about the Public Participation Spectrum is available below.
5. Complete the template below, including outstanding items from year 1 and any new items related to the year 2 service plans.

Introduction to the Public Participation Spectrum (p#):

The Public Participation Spectrum was developed by the International Association for Public Participation (Iap2), and is being used in this document with their permission. The Iap2 defines ‘public participation’ as involving those who are affected by a decision in the decision-making process. It promotes sustainable decisions by providing participants with the information they need to be involved in a meaningful way, and it communicates to participants how their input affects the decision.

Using this premise, it outlines five levels of engagement, each with an increasing level of impact and involvement for the applicable audience. These are - inform, consult, involve, collaborate, empower (each is defined in the spectrum diagram on the next page).

For the purpose of your MyHT communication/engagement plan, the spectrum provides a helpful tool to assist you in aligning actions and output with specific communication and/or engagement goals. It also provides a guide to help communicators increase the level of engagement of MyHT patients/communities over time, and at varying levels.

Audience Who are you trying to reach/engage?	Key Issues What do they want to know? What concerns might they have?	Key Messages What are the key things you want this audience to know?	Approach/ Method How are you going to communicate? What method will be used to action your public participation goal?	Desired Outcomes What are you trying to achieve with this audience? What is the desired end state for this audience?	Timeframe Do you have a specific deadline or timeframe?
<i>Existing patients (for example)</i> PPG: Consult	<i>Purpose of survey</i> <i>How much of their time approach will take.</i> <i>Expectations and final product.</i>	<i>Reasoning behind MyHT</i> <i>Their voice matters, and opinions/input will be used to enhance their care.</i>	<i>Patient Survey at FFS Clinic</i>	<i>MyHT will have a better understanding of patient perspective of care/services.</i> <i>This will help the MyHT evaluate and tailor messaging and services to ensure the voice of the patient is heard.</i>	<i>January 2015</i>

Other sources and supports to consider for consultation and involvement in developing your Plan:

- The Primary Health Care Branch’s Liaison and/or the Communications Consultant
- The RHA’s Communication Coordinator/s
- The *My Health Teams (Primary Care Networks) Communications & Engagement Strategy*

IAP2 PUBLIC PARTICIPATION SPECTRUM

INCREASING LEVEL OF PUBLIC IMPACT

INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
Public Participation Goal:	Public Participation Goal:	Public Participation Goal:	Public Participation Goal:	Public Participation Goal:
To provide the public with balanced and objective information to assist them in understanding the problems, alternatives and/or solutions.	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision, including the development of alternatives and the identification of the preferred solution.	To place final decision-making in the hands of the public.
Promise to the Public:	Promise to the Public:	Promise to the Public:	Promise to the Public:	Promise to the Public:
We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and provide feedback on how public input influenced the decision.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will look to you for direct advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.
Example Tools:	Example Tools:	Example Tools:	Example Tools:	Example Tools:
<ul style="list-style-type: none"> • fact sheets • web sites • open houses. 	<ul style="list-style-type: none"> • public comment • focus groups • surveys • public meetings. 	<ul style="list-style-type: none"> • workshops • deliberate polling. 	<ul style="list-style-type: none"> • citizen advisory committees • consensus-building • participatory decision-making. 	<ul style="list-style-type: none"> • citizen juries • ballots • delegated decisions.

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STEP 5 ENDS

STEP 6 BEGINS

STEP 6: BUDGET

Budgeting – In this step you will develop a budget for the MyHT.

While it is recognized that some MyHT funding may be required to support administration, clinic support, and physician leadership/engagement (up to ~20% of budget), it is expected that the majority of MyHT funding (~80% of budget) will be allocated to augmenting direct service delivery for Manitobans. MyHTs may incur more one-time, start-up, and administrative costs during their inception. Therefore, the 20/80 guideline may not be proportional in the first few years of operations. However, there is an expectation that by year 4 of operations the proportion follows the 20/80 guideline.

A customized EXCEL template will be generated for your MyHT to assist in completing the MyHT budget.

MyHT Funding:

Year 1	Year 2	Year 3*	Year 4*
\$525,000	\$600,000	\$675,000	\$750,000

* Incremental funding in years 3 and 4 may be available IF MyHT Yearly Reports are submitted demonstrating results on key milestones and targets AND MyHT Plans are updated yearly, identifying how the MyHT will incrementally expand the MyHT population and Core Features and Services.

Budget Notes:

- Items in-scope are categorized accordingly:
 - **Direct Service:** e.g. FTEs
 - **Clinic Support:** e.g. on-site training, physical office space, office supplies, EMR licensing.
 - **General MyHT Administration and Support:** e.g. project management/facilitation/coordination, admin support costs, set-up, supplies, travel, meeting support, communications, etc.
 - **Physician leadership and engagement:** e.g. physician leadership (by 1-2 physicians) per PCN within and between MyHTs; general compensation for other physician involvement (i.e. attendance at special meetings, consultation, training).
- Capital costs are ineligible for MyHT funding.
- For any new positions proposed, document the FTE and classification (e.g. Nurse 2) and any other assumptions used to derive the cost. NOTE: The MyHT budget may not exceed second to top of scale plus 18% benefits for any position. If a successful candidate is entitled to salary above that level, the costs must be incurred by the RHA
- Have the budget reviewed by MyHT members' financial officers

TEMPLATE: BUDGET

SEE attached EXCEL File.

STEP 6 ENDS

SPONSORSHIP

Provide the names and signatures of at least one representative from each organization (Regional Health Authority, FFS primary care practice, and community organization) that has reviewed and accepted each section of the Y2 Service Plan.

<i>FFS Primary Care Practice</i>	
Print Name: _____	Position: _____
Signature: _____	Date: _____
<i>Community Organization</i>	
Print Name: _____	Position: _____
Signature: _____	Date: _____
<i>Regional Health Authority</i>	
Print Name: _____	Position: _____
Signature: _____	Date: _____

NEXT STEPS

1. Review the completed MyHT Service Plan document with all MyHT members, MyHT members' financial officers, and your MHLS Liaison prior to submission.
2. Please submit your completed MyHT Y2 Service Plan to:
Barbara Wasilewski, Executive Director
Primary Health Care
Manitoba Health, Healthy Living and Seniors
1st floor, 300 Carlton Street
Winnipeg, MB R3B 3M9
Email: Barbara.Wasilewski@gov.mb.ca
Fax: 204-943-5305

MyHT members are invited to ask questions and seek clarification. Feel free to contact Laura Morrison, MyHT Manager, at 204-788-6434 or at Laura.Morrison@gov.mb.ca.

Appendix A

Affinity Diagram Instructions

Affinity Diagram: a tool that gathers ideas, options and/or issues and organizes them into groupings based on their relationships. It is used to group ideas generated by brainstorming. The idea is to meld the perspectives, opinions, and insights of a group of people who are knowledgeable about the issues.

Unique features:

- Affinitize silently when organizing - this encourages unconventional thinking
- Go for gut reactions – speed rather than deliberation to keep the process moving
- Handle disagreements simply – make a duplicate of the idea and place one copy in each group.

STEP 1: Develop Problem statement or question

- Identify the problem or issue in a statement or question

STEP 2: Generate and display ideas (~15 minutes)

- Write the problem statement at the top of the poster paper
- No discussion or comments occur during brainstorming
- Write down all ideas separately on post-its
- Post each idea on the poster paper

STEP 3: Sort ideas into groups (~15 minutes)

- Physically sort the post-its into groupings. This step should be done with little dialogue between team members; seek clarification only if an idea is unclear.
 - Place one or two similar or related ideas together in one column
 - Look for ideas that are related to those ideas and add to that column
 - Look for other ideas that are related and establish new column
 - Repeat until all the ideas are grouped (don't force loners into groups, let them stand alone)

STEP 4: Create header cards for the groups (~25 minutes)

- A header is an idea that captures the essential link among a group of ideas. It must consist of a phrase or sentence that clearly conveys the meaning of the group.
- Discuss and agree as a team on the wording of the headers.
- Write the header on a single different colored post-it
- NOTE: if your team discovers a relationship between two or more groups, you may arrange
- them in columns under a superheader (same rules apply as creating headers)
- Place header and superheader post-its above groups of ideas

STEP 5: Document the finished Affinity Diagram (~5 minutes)

- Review and clarify the idea and groupings
- Document the finished Affinity Diagram (take a picture)
- NOTE: Use tape to reinforce the post-its before you roll the poster paper.

STEP 6: Review Affinity Diagram results together in large group (~30 minutes)

- Designate someone to present the results of your completed Affinity Diagram
- Each MyHT will present one theme (header) from their Affinity Diagram.
- MyHTs will rotate until all themes have been presented

Appendix B

Service Selection: Prioritizing Examples

Example 1

Paired Weighting

Paired weighting is a method of ranking actions or options in priority order, by comparing each option to every other option and determining, for each comparison, which option is the higher priority of the two.

Instructions:

1. Finalize and number the options that you want to rank in priority order.
2. Option one is weighed against option two and the team decides which is the higher priority. The option that is the higher priority gets a point for the “win”.
3. Then, compare option one to option three, four etc. Continue until every option has been compared to every other option once.
4. Notes should be recorded on the reasons why each option was picked as the higher priority in all the “head-to-head” comparisons.
5. Having weighed all statements against each other, calculate the number of “points” which have been awarded to each option (i.e. the number of times each option “won”). . This will give an overall ranking for all the options.

Sample form:

Option 1 =				
Option 2	Option 3	Option 4	Option 5	
	Option 2	Option 2	Option 2	Option 2 =
	Option 3	Option 4	Option 5	
		Option 3	Option 3	Option 3 =
		Option 4	Option 5	
			Option 4	Option 4 =
			Option 5	
				Option 5 =

Example 2

Dot Voting

Dot voting provides a mechanism to organize and prioritize large amounts of data in an equitable way for all the voices on the team to be heard

Instructions:

1. Create a list of agreed upon options, each representing a single idea or thought.
2. Each team member is provided with an equal number of adhesive “dots”. The number of dots provided to each team member is discretionary (typically 5-10).
3. Team members will then “vote” with their dots by affixing them to the highest-impact options. They are free to apply all dots to a single item or distribute them across multiple elements. Voting is done silently so as to not influence the voters.
4. Once the voting has been completed by all participants, the team will then be able to identify high-priority options.

Example 3

Impact-Effort Matrix

Impact-Effort Matrix helps assess if an organization can implement proposed solutions by considering effort and cost and the impact and benefit.

Instructions:

1. Finalize and number the options that you want to analyze.
2. Construct an empty diagram with effort required to implement the option on the horizontal axis and impact of the option on the vertical axis, and divide it into four quadrants.
3. Assess the effort needed to implement the option.
4. Assess the impact of each option (consider costs, resources, technology, skills, etc.) on achieving the target state.
5. Place the option number in the diagram according to the assessments. Use a symbol, color, or label to identify each possible option.
6. Options falling into the upper right-hand quadrant will yield the best return on investments.

