THE MANITOBA FIRST NATIONS PATIENT WAIT TIME GUARANTEE PILOT PROJECT

M. Horton

The Canadian government’s health care plan calls for a guarantee that ensures that all Canadians receive medical treatment within wait times that are clinically acceptable. Fundamental to a wait time guarantee is defined time frames for care and a set of alternative care options, should that time frame be exceeded (recourse). In January 2007, a unique Patient Wait Time Guarantee (PWTG) pilot project for the prevention, treatment and care of diabetic foot ulcers among Manitoba First Nations (MFNs) was announced. The project involved a partnership between an innovative home care nursing organization, Saint Elizabeth Health Care (SEHC), and a First Nations leadership advocacy organization, the Assembly of Manitoba Chiefs (AMC).

Within a PWTG framework, the project partners sought to establish a clinical care pathway, benchmarks for care and recourse options for patients who do not receive treatment within this time frame. The guidelines for diabetes foot care were updated and standardized with a diabetes foot risk assessment and management tool developed by Manitoba foot care providers. This tool consists of a comprehensive screening assessment, risk category descriptions, and interventions and standardized referral plans based on risk. This tool included clinical benchmarks and time frames for care.

The difficulty in testing the clinical benchmarks is that the real challenge facing people living with diabetes in MFN communities was more a matter of access than wait times. Funding for community based foot care services is inconsistent and insufficient resulting in considerable disparity in foot care services available across MFNs. As a result persons living with diabetes rarely have their feet assessed. This lack of assessment, early intervention, and care means that all too often MFNs are presenting for care of their diabetic foot ulcer at a stage when amputation may be the only option.

Basic primary foot care services are critical to addressing this issue. However, the project partners also understood that there were challenges far more fundamental then access to health care impacting this issue for MFNs. Action on the broader determinants of health (housing, water, food) impacting MFNs will be necessary to truly address the higher rates of diabetes and the shockingly disproportionate rates of amputations. The issues of care and access to care also cannot be viewed only through a western or biomedical model. This project was committed from the outset to consider all effective options, including traditional healing, and to build a solution that would work and that recognized and emphasized Manitoba First Nation cultural values and perspectives.

This project demonstrates that the most effective model to change wait times, and understand the reasons underlying those waits, is not to rely on health care professionals alone, but instead, to adopt different ways of involving the people most affected. The project also documented important lessons learned for improving health care and wait times for First Nations and for all Canadians. The approach, finding, and recommendations from this important project will be shared in this presentation.

Contact: Mabel Horton (mhorton@manitobahealth.com)