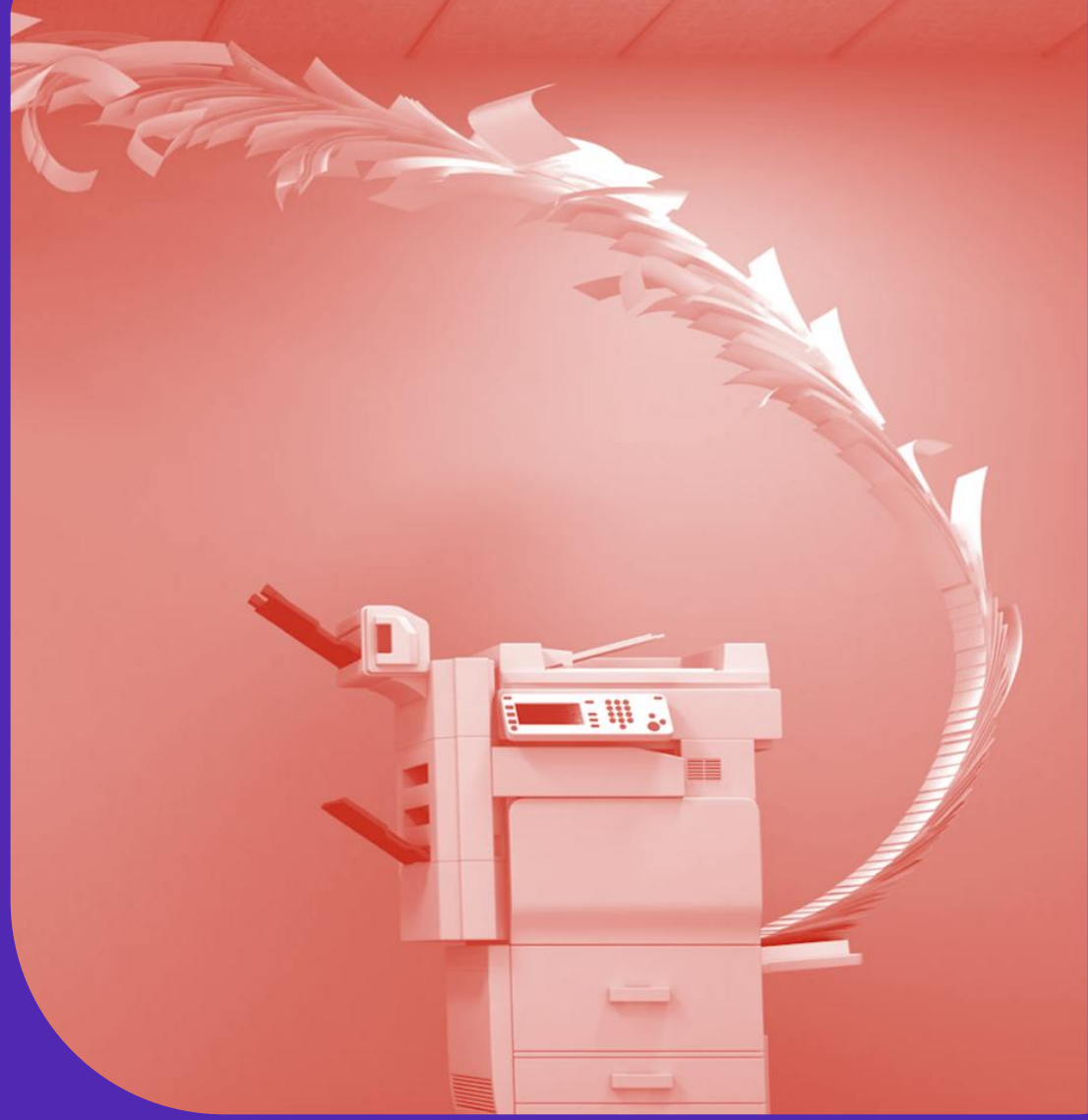
Doctors Manitoba

Axe the Fax:
Improving Referrals and Consultations in Manitoba



January 2026

Forwarding Message from the President

One of the most frustrating and distressing health care experiences is waiting—especially when that wait is longer than it needs to be due to inefficient or antiquated processes.

Unfortunately, this is an everyday reality in Manitoba. Physicians are frustrated watching patients face delays for testing or specialized care because our system still relies primarily on paper and fax. With no clear line of sight into where referrals and requests are at, physicians are distressed by the risk of patients falling through the cracks.

With more than one million referrals and diagnostic testing requests each year, these inefficiencies add up quickly. They take a toll on physicians and, more importantly, delay care for patients who are already waiting too long.

These challenges are not unique to Manitoba. Health systems across Canada are grappling with how to modernize referrals and consultations. The difference is that many provinces have already moved ahead—innovating, adopting new technology, and improving how physicians coordinate care. Manitoba has the opportunity to learn from that experience.

The College of Physicians and Surgeons is currently consulting on proposed new standards to guide how physicians collaborate, to ensure patients receive good medical care.[1] However, these standards related to referrals risk becoming largely aspirational unless the health system modernizes the systems and tools physicians need to meet them.

This report offers concrete, achievable actions to modernize how referrals and consultations work in Manitoba—eliminating gaps, reducing bottlenecks, and addressing inefficiencies that contribute to unnecessary waits. The recommendations are grounded in more than two years of research, consultations, and jurisdictional scans that could finally end the dependency on unreliable and antiquated tools like fax machines and mail.

Our roadmap includes creating an up-to-date directory to help ensure referrals reach the right specialist the first time; expanding and properly resourcing central intake models where appropriate; replacing paper and fax with eReferral for consultations for testing; and urgently addressing diagnostic imaging backlogs to prevent avoidable delays. The report also calls for greater clarity around how existing and emerging tools for specialist consultation should be used. Critically, any changes must be developed and implemented in partnership with referring and consulting physicians to ensure they result in real improvements.

If implemented, over 97% of physicians agree these actions would significantly reduce wasted time, resulting in shorter waits for patients. These actions are essential, and patients cannot wait.

Nichelle Desilets

Dr. Nichelle Desilets
President of Doctors Manitoba and a referring and consulting physician

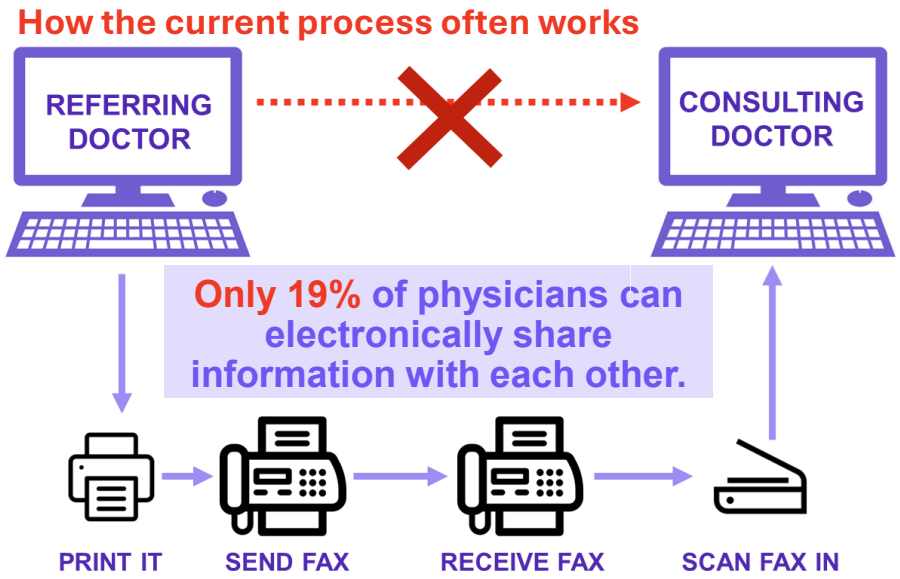
Why is Action Needed

Manitoba has a serious doctor shortage, with nearly half of doctors reporting high levels of burnout.[2] Administrative burden is a leading cause of burnout, with the average physician spending over 10 hours per week on paperwork.[3] Excessive administrative burden is also a top threat to retaining physicians, cited by over a third of doctors as a top reason for considering moving away or retiring early.[2]

Local research has found that:

- **Referrals and consultations are the top administrative burden**, identified by two thirds of Manitoba physicians as a frustrating and time-consuming experience.[4]
- Currently, **85% of consultations are sent by fax or mail**,[5] which helps to explain why **only 19% of doctors can share information electronically** with other physicians.[6]
- Physicians report **wasting an average of 30 to 40 hours each** per year on inefficient or unnecessary steps when it comes to referring or consulting.[4] This adds up to **over 100,000 wasted hours per year** due to inefficient or unnecessary processes related to referrals and consultations.

The diagram below illustrates how referrals are often sent, showing the inefficiencies, duplication, and gaps. Results are often sent back in similar ways.



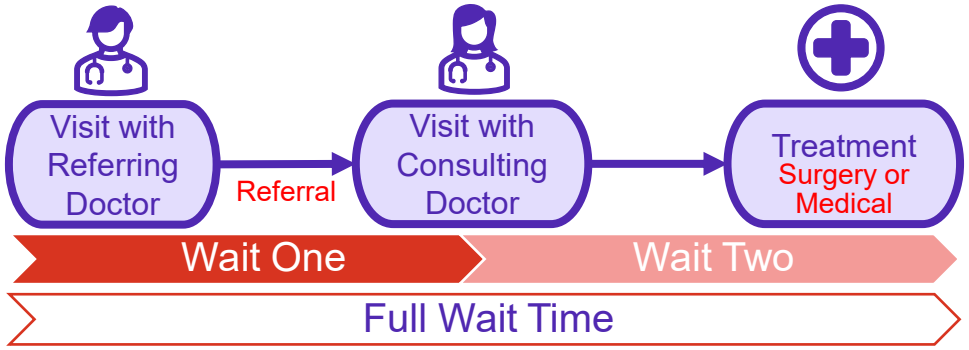
The Patient's Perspective

Patients have little visibility into wait times or into how their care is coordinated.

For wait times, Manitoba offers limited visibility:

- Waits for diagnostic imaging are reported after the request is accepted and processed, but excludes the delays most tests face as they pass through central intake.
- Specialist wait times are limited to a few surgical procedures and cancer treatments and only focus on the wait time after the specialist has seen the patient and determined they are ready for treatment.

In other words, Manitoba reports "wait two" for a limited number of procedures, and reports nothing about "wait one," the time from when a referring physician sends a request to when the test is scheduled or the specialist sees the patient.[7] From the patient perspective, they feel the full wait time every day, including both wait one and two.



Wait one is often longer than it needs to be because of inefficient paper- and fax-based processes. Wait times could be reduced if these inefficiencies were fixed. Fixing inefficient processes could free up over 100,000 hours of wasted physician time per year.

Patients have little insight into how their care is coordinated while they wait, such as the status of a testing request or specialist referral. Only 14% of Manitobans can access their information electronically, the lowest among all provinces. Next door in Saskatchewan, it's 60%.[8]

Methods and Consultation

Each year in Manitoba, there are over a million referrals for consultation or requests for diagnostic imaging tests. The vast majority are still mailed or faxed, requiring manual processes such as a referral letter or order form.

As part of the initial work to identify and streamline unnecessary paperwork, the provincial government and Doctors Manitoba established in 2023 a Joint Task Force to Reduce Administrative Burdens for Physicians.

The Task Force's research included structured surveys with physicians, with 1,053 responses, and consultations with 38 organizations and departments.[3] Challenges with referrals and consultations were identified as the top administrative burden, and the burden was the focus of one of six recommendations in the Task Force's final report submitted in fall 2024.[10]

In 2025, Doctors Manitoba continued consultations with physicians and planned a Summit meeting in partnership with the College of Physicians and Surgeons of Manitoba (CPSM) and Shared Health to move towards actions to improve referrals and consultations. The event included over 120 participants, and a follow up survey received 223 additional responses.

Local and national reporting on wait times and system integration were also used to compare Manitoba's performance with other jurisdictions. This includes the Canadian Institute for Health Information, Canada Health Infoway, and others.[6,7,9,11]

This thorough research and consultation helped to inform and refine the final recommended actions in this report.

Summary of Challenges

The current state for ordering tests and sending referrals is largely manual, relying on paper and faxes. Where digital systems exist, they are siloed and lack integration across the system—while they may enable the electronic creation of a request, ultimately it is printed or faxed giving the façade of a digital process. Manual and nonstandard processes lead to misdirected requests, incomplete information, duplication, and a lack of closed-loop communication about status and progress of requests.

Referring Physicians

89% of physicians refer or order testing.[5] Their concerns include:

- Finding the right specialist for a patient's specific concern who is currently accepting new referrals
- Knowing what information is needed by a specialist
- Paper/fax-based systems create gaps and confusion
- No timely confirmation of receipt or status tracking
- Unclear roles for referring and consulting physicians related to ordering tests or scheduling appointments related to the consultation

Consulting Physicians

67% of physicians receive consultations or tests results.[5] Their concerns include:

- Receiving misdirected referrals beyond their focus or sub-specialization
- Missing or incomplete patient information
- Paper/fax-based systems create gaps and duplication
- Difficult to update the referring physician and patient on the progress of the consult or result.
- Lack of interoperability makes it difficult to send reports or results back to referring physician

Recommendations

Based on the challenges identified through the research, a robust jurisdictional scan was undertaken to identify promising practices across the country to inform improvements that should be pursued in Manitoba.[12]

The recommendations that follow are intended to support actions across the health system to simplify and streamline how referrals and consultations work, thereby better supporting both referring and consulting physicians and their patients.

Key innovations that should be adopted in Manitoba or expanded include:

- Physician Directory to find right consulting physician
- eReferral and adopting standards for referral forms/letters
- Pooled or central intake, appropriately resourced
- Diagnostic eRequisition with closed-loop updates to ordering physician
- Digital tools to support urgent/emergent consultations

Recommendation 1

Create Physician Directory and Find

1. The Right Physician

2. The First Time

88% agreed this would reduce wasted time in physicians' practice.

Issue: Manitoba does not have a definitive listing to help physicians find the right consulting physician or service to refer to the first time. This results in wasted time for referring and consulting physicians and their patients when referrals are misdirected or incomplete.

Recommendation: Manitoba should create an online Physician Directory that lists critical information to help get the patient referral to the right consulting physician or service the first time. It must be maintained with up-to-date key information about each consultant or service, including:

- Sub-specialization / clinical areas of focus.
- Status including "accepting new referrals" and typical waits by medical priority level.
- Availability for eConsult and/or full consultations.
- Accessibility and language information for patient access.
- Referral pathway, including eligibility, required information, link to referral forms, referral submission instructions and contact info, etc.

The directory could also list primary care physicians with information that is relevant to colleagues such as whether or not they are accepting new patients and any specific populations they serve.

It will be important for physicians to be able to delegate access to managers or support staff.

Cross Country Check-up: Most provinces already have a referral directory or listing.

Recommendation 2
Introduce Connected Digital Referral Tools and Phase Out Fax Machines

Issue: Currently, most referrals are sent by fax or mail which make it difficult to confirm receipt and check on the current status. Referral forms vary greatly and outdated forms continue to circulate. This can result in rejected referrals or requisitions, missing information, and double data entry on both the sending and receiving ends.

Recommendation: Manitoba should adopt a common, interoperable eReferral that:

- Makes it easy for referring physicians to find current referral or requisition forms in a central and dependable form repository
- Adopts a common format and structure for referral and requisition requests to make them easier to complete and minimize missing information. These must be co-developed by referring and consulting physicians for each specialty and service, while offering flexibility that ensures important narrative details aren't lost.
- Integrates with all certified EMRs so referring physicians can auto-populate with relevant patient information while consulting physicians or services can auto-import information into their EMR too.
- Makes it easier for consulting physicians or services to automatically confirm receipt of a referral and update referring physicians on status.
- Allows consulting physicians to easily convert referrals to eConsults and vice versa.

Cross Country Check-up: Most provinces have already implemented, or are moving towards universal, interoperable eReferral solutions.

84% agreed this would reduce wasted time in physicians' practice.

Recommendation 3
Provide Clarity about Consultation & Collaboration Channels

Issue: Manitoba has more options than ever to enable collaboration between referring and consulting physicians, but the various tools or channels are siloed from each other and lack clarity about when it is appropriate to use different channels. This includes:

- Emergent same day requests, including VECTRs, RACE, and Tiger Connect for on call support.
- Urgent same week requests, primarily through eConsult for consulting advice for referring physicians.
- Elective or routine requests, primarily through traditional full referrals.

Recommendation: Shared Health should offer definitive clarity about which channels should be used for emergent (same day), urgent (same week) and elective / routine requests.

- It should be seamless to move between different channels, which means the tools should be integrated or combined in some way.
- Specialty groups should be engaged to ensure equitable and appropriate shared coverage for on-call, eConsult, etc.
- Physician feedback should be sought to help evaluate VECTRs, with a view to improving the reliability and timeliness of service it provides including on-call specialty expertise, bed access and patient transportation.

Cross Country Check-up: Some provinces are already clearly defining and integrating different eReferral channels, making it seamless to convert consultations to eReferrals, and vice versa.

76% agreed this would reduce wasted time in physicians' practice.

Recommendation 4
Support Pooled or Central Intake in Partnership with Physicians

Issue: Most specialty groups do not have a shared or central intake option for referrals. This means referring physicians often unknowingly send requests to specialists with the longest wait, or send to multiple specialists at the same time. While central intakes can help, if they are not properly supported and resourced, they create new bottlenecks and delays.

Recommendation: Pooled or central intake options should be offered to all specialty groups recognizing that such systems can only work well if:

- Physicians are involved as partners in the development, implementation and oversight of pooled or central intake.
- All consulting physicians in a specialty group are invited and supported to participate, including those working in hospitals and those in independent community practices.
- Appropriate new resources are provided to establish and maintain pooled or central intake to avoid new bottlenecks or administrative burdens.
- Clear rules are put in place to ensure the medical workload and complexity are shared equitably among participating physicians.
- Patients and their referring physician have choice, such as indicating if the patient prefers the shortest wait or direct the referral to a specific consulting physician, as well as whether the patient is willing to travel for an earlier appointment.

Cross Country Check-up: Pooled and central intakes are used in most provinces in some way. They work well when resourced and supported to keep up with new referrals, but with inadequate resources and support they create frustrating new bottlenecks and delays.

74% agreed this would reduce wasted time in physicians' practice.

Recommendation 5
Urgently Pursue Rapid Fixes for Diagnostic Testing

Issue: Currently relying on paper- and fax-based processes, the Diagnostic Imaging program central intake has a significant backlog of paper requisitions, which too often leads to delays for patients, unnecessary tracking and follow up by referring physicians, distress among consulting radiologists, and inefficient duplicate ordering.

Recommendation: Urgently pursue rapid improvements with the existing paper- and fax-based process for diagnostic imaging:

- It is essential for central intake to be appropriately resourced to catch up on the backlog thousands of requisitions waiting to be entered and triaged and to keep up with the incoming volume.
- A service standard should be implemented for all diagnostic providers to confirm with the referring physician receipt and acceptance of non-urgent requisitions within 72 hours.
- Emergent requisitions require a rapid and reliable pathway integrated with on-call/same day consultation tools.
- Standardized and simplified requisition forms should be developed in partnership with radiologists and referring physicians, including only necessary information and indicating patient preference for location and willingness to travel.

90% agreed this would reduce wasted time in physicians' practice.

Recommendation 6
Develop Digital Solutions for Diagnostic Testing

Issue: Most testing requisitions are faxed, offering no ability for requesting physicians to track if their requisitions were received and their current status (triaged, scheduled, etc.), and no ability for radiologists to easily follow requisitions, protocol them, and track their progress.

Recommendation: Develop and implement truly interoperable digital solutions that:

- Allows for eRequisitions that can be auto-populated from the referring EMR.
- Integrates with all certified EMRs in use in Manitoba to support secure electronic transmission to and from Diagnostic Imaging.
- Provides automatic confirmation that requisitions were received and allows closed-loop tracking on status (e.g. received, accepted/not accepted/redirected, triaged, scheduled, completed), either through the EMR or eChart.
- Facilitates easy identification of where test results should be sent (e.g. to referring or a consulting physician).
- Enables patient notifications according to patient preference, including email and text.
- Facilitates electronic review, triaging (or protocoling), and prioritizing of requests by radiologists.

Cross Country Check-up: Many provinces have introduced eRequisition and integrated digital solutions for diagnostic ordering.

90% agreed this would reduce wasted time in physicians' practice.

Recommendation 7
No Changes for Physicians Without Physicians

Issue: New tools and solutions are sometimes developed without appropriate physician involvement, consultation or partnership.

Recommendation: A key foundational principle must be applied for any new or updated tools being considered in the health system:

- It is essential for any new or updated solutions or tools used by physicians to be developed with physician input and leadership at every stage, including both referring and consulting perspectives.
- Any new solutions should work for physicians working in "the system" (i.e. in hospitals and RHA facilities or services) and those in independent community-based practices, as well as rural/Northern physicians.
- It is critical for digital tools to be truly interoperable with all EMRs certified by Shared Health, recognizing nearly all independent physician practices have implemented certified EMRs in their practices for 10+ years.

Cross Country Check-up: Many provinces routinely include front-line physician engagement at every step of major projects to ensure changes will achieve desired outcomes and avoid creating new administrative burdens for physicians or additional delays for patients.

93% agreed this would reduce wasted time in physicians' practice.

Summary of Recommendations

Recommendation	Lead	Next Step
1. Create a physician directory with current details about consulting physicians to support finding the right specialist the first time.	Joint	Review the potential roles for Doctors Manitoba, CPSM and Shared Health to rapidly develop and deploy a directory.
2. Introduce Connected Digital Referral Tools and Phase Out Fax Machines	Shared Health	Publicly share a roadmap with scope and timelines on digital solutions to support interoperable solutions for all physicians.
3. Provide Clarity about Consultation & Collaboration Channels	Shared Health	Create guidance for physicians on when it is appropriate to use different channels for different purposes.
4. Support and Fund Pooled or Central Intake in Partnership with Physicians	Shared Health & Manitoba Health	Develop funding to build and maintain pooled or central intake with interested specialty groups.
5. Urgently Pursue Rapid Fixes for Diagnostic Testing	Shared Health	Without delay, add additional resources to eliminate the backlog and meet a new 72-hour service standard to acknowledge receipt and processing of requisitions.
6. Develop Digital Solutions for Diagnostic Testing	Shared Health & Manitoba Health	In partnership with referring physicians and radiologists, identify criteria for an interoperable digital solution and support its procurement and implementation.
7. No Changes for Physicians Without Physicians	All Organizations	Follow the physician engagement requirements in the current Physician Services Agreement.

Sources

The following sources guided the research and analysis used in this report.

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2. Doctors Manitoba. Physicians in Manitoba, 2025.
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12. A jurisdictional scan was conduced in late 2025 by reviewing provincial ministry of health websites for each province as well as reaching out to medical associations in each province.