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| ***Province*** | ***Législature*** | ***Session*** | ***Type de discours*** | ***Date du discours*** | ***Locuteur*** | ***Fonction du locuteur*** | ***Parti politique*** |
| Manitoba | 34e | 2e | Remarques préliminaires à l’étude des crédits du Ministère de la Santé | 12 octobre 1989 | Donald Orchard | Minister of Health | PC |

Mr. Chairman, thank you for the opportunity to commence the debate and discussion on the Department for the Ministry of Health's Estimates.

Might I start by offering to my long-standing colleague, the M LA for Thompson (Mr. Ashton), my congratulations on his appointment today as the Health Critic for the third Party in the House. I welcome his incisive observations on how the health care system is functioning in the Province of Manitoba and I look forward to his generous contribution to debate; and of course to my colleague, the M LA for Kildonan (Mr. Cheema). I look forward to his continued and longserving role as critic for the Official Opposition to the ministry of Health.

Mr. Chairman, I am pleased to present today the working Estimates of the Manitoba Ministry of Health for the fiscal year ending March 31, 1 990. I will be asking this committee to support my request of $ 1,557,233,800 worth of spending, an increase of some $99,260,300, or 6.8 percent over the previous adjusted vote of $ 1,457,937,500 for last year's Estimates. Before I go on with this presentation, Mr. Chairman, I want to pay tribute to literally thousands of dedicated workers throughout the health care system, and I would like to add a very special note of thanks to regional staff for their untiring efforts during this summer's fire emergency.

Also, M r. Chairman, I would like to thank the community groups, professional associations, the universities, volunteer agencies, and individuals with an interest in the health system, whose counsel has made important contributions to decision-making as we develop the partnerships that are a feature of my ministry's activities.

Now, Mr. Chairman, when I took on this job 16 months ago I was faced with a health care system which was flawed and in need of repair, lacked direction and needed refocusing, was in decline and needed revitalizing. We have concentrated on stabilizing the system to prepare it to meet current challenges and demands by applying principles of innovation, sound management, affordability, and quality care as criteria for evaluation of services and programs.

Mr. Chairman, I would like to talk for a moment about some of the actions taken to stabilize the system. We established the Health Advisory Network under the able chairmanship of Dr. Arnold Naimark. The network has capitalized on the expertise available in Manitoba to address specific long-standing issues which have not been dealt with adequately up to now. Since January of this year six task forces have been addressing the following long-unattended issues:

Teaching-hospital review-examining the roles of the Health Sciences Centre and St. Boniface General Hospital to establish an acceptable funding base for Manitoba's teaching hospitals.

Second, Winnipeg Hospitals Role Definition determining ways to ensure better co-ordination and co-operation among Winnipeg hospitals with special emphasis on the concentration of resources.

Third, Review of Extended Treatment Bed Utilization-confirming the definitions associated with extended treatment and determining appropriate policies, procedures, and bed levels for this form of care.

Fourth, Rural Health Services-considering the evolving role of rural health facilities, the function of regional referral centres, and the supply and distribution of rural health professionals.

Fifth , Northern Health Services-examining the unique health care delivery needs of Northern Manitoba and the issues of manpower recruitment and retention and co-ordination of services.

Sixth, Health Services to the Elderly-a special task force has been assigned to review co-ordination and integration of health services for seniors. Efforts will be directed to defining means to remove service gaps which may affect the elderly in Manitoba.

In addition, M r. Chairman, three new task forces will soon begin an examination of policy issues surrounding health information systems, alternate health care services, health promotion. I am advised the terms of reference for these reviews are now complete.

Mr. Chairman , the process of stabilization and rebuilding has also included a phased-in program to achieve wage parity between unionized and nonunionized health workers, provision of adequate funding for provincial ambulance services, bringing funding up to just above the national average. Unfreezing the Capital Construction Program h as provided for redevelopment of facilities in rural and urban centres, as I outlined earlier. We have been establishing partnerships with the voluntary sector through Partners for Health Promotion; with business through health promotion in the workplace; with communities through the establishment of Regional Mental Health Councils, which will provide for participation by community groups and individuals in the development of mental health services throughout this province; and with other departments through the development of a healthy public policy committee. We have enlisted the help of the community in reviewing the way our Continuing Care Program operates by inviting responses to a widely distributed consultation paper.

Mental Health Public Education-funds have been made available to the Canadian Mental Health Association to co-ordinate public education activities relating to the community transition of mental health clients from an institutional setting.

Beyond partnerships, Mr. Chairman, a much needed replacement for a Northern Nursing Station has been approved for construction at Easterville. The Manitoba Heart Foundation will receive funding to participate in an innovative pilot project. Mental Health Crisis Stabilization Units-funds have been allocated to support the continued operation of this mental health project.

Children's Hospital Research Foundation-resources will be made available to this organization in support of its valued research in children's diseases.

Mr. Chairman, we have addressed some longstanding organization problems. We have reorganized and refocussed the mental health division, giving it a mandate to plan co-operatively with all sectors of the Mental Health Services Community to provide the services that are needed, where they ·are needed, with emphasis on community-based models and six creative demonstration projects.

We have re-established a model for a single focus of leadership in Community Health Services for Winnipeg. We have revitalized the board of the Manitoba Health .Services Commission by creating a number of active subcommittees to address unresolved problems.

Mr. Chairman, the Standing Committee on Medical Manpower, under the co-chairmanship of Doctors Brian Postl and George Dow, has been given increased funding, a broader membership, and an expanded mandate to attract and retain physicians for remote and underserviced communities. Manitoba, like other provinces, has experienced a shortage of rehabilitation specialists. Dr. William McDiarmid, a prominent Winnipeg physician, has just completed a review of rehabilitative services in Manitoba, a report that

I tabled in the House earlier today. We will be establishing a consistent and coordinated approach to administrative and financial support functions across the ministry in Manitoba Health Services Commission and Manitoba Health. On yet another front, M r. Chairman, I am proud to be able to say that we have rebuilt and revitalized partnerships between Government and other sectors of the health care system. I recall when I first became Minister of Health, the only people around the health service planning table were Government people. I knew that had to change and it has. Let me give you an example of the new sense of partnership that exists. Recently a unique event occurred. I attended, at the invitation of the Manitoba Medical Association, a meeting on rural physicians supply. At that meeting representatives of two Government departments, the College of Physicians and Surgeons, the University of Manitoba, and rural communities jointly developed strategies to address the shortage of rural physicians. In the climate that existed two short years ago, a meeting like this would not have been successful, perhaps not even possible. Today there are regular meetings with the chief executive officers of health facilities which have already begun to yield results in the form· of better understanding of issues and the cooperative planning to address them. Meetings with professional associations, interest groups, nongovernment organizations and interested individuals have also been successful in clarifying issues and identifying workable solutions.

Now, Mr. Chairman, we all know that a long list of activities to repair, refocus and revitalize the system is not enough. We must at the same time just take care of business. Following up on our successful AIDS Awareness campaign, we will be funding a vigorous AIDS Outreach Program to get health information and health promotion messages to those most at risk. By building on the national and international reputation of the Manitoba Cancer Treatment and Research Foundation at the St. Boniface General Hospital, we will fund a major new research initiative. We have expanded the number of operating room hours at the Health Sciences Centre. A breast cancer screening program is in its final stages of development. A northern community mental health residence is slated to begin providing services earlier in the new year in Thompson. A Women's Health Services Directorate will be created in the ministry to co-ordinate policy development in service planning for women's health issues.

A significant initiative in cancer treatment will be undertaken in early 1990. A rural pilot project will evaluate the use of a new technique for improving children's dental health.

Finally, Mr. Chairman, I want to say something about the future. Repair, refocus, revitalization and maintenance will not be enough to prepare our health system for the challenge of the '90s. We will face new problems in the next decade, perhaps more difficult than the ones we now face. For example, in 1979 the Province of Manitoba spent $558 million in providing health care. In 1989 those costs have grown to $ 1.55 billion, representing almost $ 1,500 for each man, woman and child in the province, an increase of approximately 1 78 percent in 10 years. Health costs now account for 32.3 percent of the total provincial budget. Over that same period, our total wealth as a province, as measured by our gross provincial product, has increased by 1 24 percent, and our population by 6 percent. The fact is that health care costs and demands are rapidly outstripping our ability to pay for them. We must find ways to control the cost escalation and we must do it now.

Our most recent response to the quality and cost containment issue has been to call for partnerships with universities, business and all sectors of the health community through the establishment of the new Health Services Development Fund which provides the funds needed to encourage the development of innovative program ideas that will contribute to cost containment while maintaining quality care. Areas of initiative, innovative programming, health promotion, evaluation, systems technology and equipment acquisition will be targeted areas of spending in the Health Services Development Fund.

We are also establishing partnerships with the health research community through the strategic Health Research and Development Fund, and by providing significant additional monies to the Manitoba Health Research Council.

Mr. Chairman, other challenges will confront us over the next decade: the effects of socioeconomic condition on the health of the population; development of new medical technologies and the public and professional expectation for their application in Manitoba; the impact of an aging population and its concentrated use of acute extended and community based services; our aboriginal population and the issue of jurisdictional responsibility; the misconception that health care services are endless and free; difficult contract negotiations with organized labour groups and professional associations; intense lobbying by new and existing special interest groups for limited resources; complex and difficult questions of biomedical ethics; the incidence of new diseases such as AIDS and their consumption of specialized services and resources; reduced federal transfer payments and their impact on provincial policies of fiscal management and health care financing; the maldistribution of medical manpower and shortages in certain specialties; the changing ethnocultural mix of our population especially in urban centres and its implication for service delivery.

If we are to meet these challenges that I have just enunciated to the committee, we must prepare now. That is why I will be introducing a strategic long-range planning initiative which will seek consensus among key players and set common long-term goals and providing guidelines to take us to the year 2000.

The initiative includes a comprehensive planning protocol for Manitoba's health care system that will synchronize planning now occurring independently at community hospitals, research foundations and Government organizations. This protocol will establish a single planning framework within which all health care planning activities in the province will be viewed. Some steps are currently being taken which will take account of three special issues: multicultural, technology and ethics.

A multicultural health advisory committee will address the specific health services needs of our ethnocultural community.

An ethics committee will be established to advise me on the application of public policy to biomedical issues.

A technology advisory committee will review the cost effectiveness and overall efficacies of new health technologies as they emerge.

As we develop the mechanisms that will enable us to plan for a quality health system, Manitobans can continue to be proud of in the next decade. We will continue to be guided by the principles of firstly, innovation in the approaches for the delivery of health services; secondly, affordability and the opportunity to realign existing resources to meet new services requirements; thirdly, sound management in the application of fiscal accountability practices and evaluation to achieve desired objectives across the health care system; and fourthly, the development of partnerships to provide business, industry, communities and non-Government agencies with opportunities to participate actively in health services development within the existing health dollar framework utilizing community resources.

Mr. Chairman, the challenges remain to each and every one of us in this Legislature to meet those growing expectations of the health system in a reasoned and co-operative fashion. I look forward to the contribution of my critics and their assistance in achieving the larger goals of quality health care for all Manitobans. Thank you.