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| ***Province*** | ***Législature*** | ***Session*** | ***Type de discours*** | ***Date du discours*** | ***Locuteur*** | ***Fonction du locuteur*** | ***Parti politique*** |
| Manitoba | 40e | 1e | Remarques préliminaires à l’étude des crédits du Ministère de la Santé | 29 mai 2012 | Theresa Oswald | Minister of Health | NPD |

It's my privilege to discuss the fact that over the last year, Manitoba Health has made some very significant improvements to health care and progress towards our longer term goals. We have been able to accomplish this despite some very serious challenges, among them, of course, an unprecedented flood that directly affected so many Manitobans, as well as an uncertain global economic climate.

 The health-care system was well prepared to help families affected by flooding, and I would, in particular, like to recognize the diligent planning by our deputy minister and the Office of Disaster Management, which worked in close co-operation with the regional health authority to ensure continuity of care for patients and families during that very stressful time.

 I'd also like to commend the STARS helicopter ambulance team, which transported over 50 patients during last year's flood. The medical professionals agree wholeheartedly that some of those patients would not be alive today without this service. Of course, we recently signed a long-term contract with STARS, permanently establishing this life-saving service in Manitoba with our own team of Manitoba paramedics and nurses. That complement of homegrown members of that team continues to grow.

 But last year has also seen other improvements to health care, including new renal health centres opened in Berens River and near Peguis First Nation, providing life-saving dialysis to seriously ill Manitobans closer to home so they can get the treatment they need in familiar surroundings. These centres also provide education to help prevent diabetes and assist patients with diabetes to better manage the disease so they won't need dialysis down the road.

 We've continued to move forward with our plan to ensure all Manitobans have access to a family doctor by 2015. Our first QuickCare clinic opened in Winnipeg's North End, and, since then, two more clinics have opened in Steinbach and Selkirk. These clinics offer convenient services, including after hours and weekends, and have already seen thousands of patients.

 Construction is now under way on a number of new and expanded health facilities, including the new Women's Hospital, a specialized diagnostic imaging centre at HSC, with a helipad to be placed on top, several clinics to help us meet our family doctor plan, expansions to the Steinbach and Ste. Anne hospitals, and planning and construction is under way on four personal care homes in Winnipeg, Lac du Bonnet, Morden-Winkler and Niverville.

 We have embarked on a bold, aggressive, and first-in-Canada plan to provide faster cancer referrals, testing and treatment, called the cancer patient journey, and have started this transformation with the first rural cancer hub–CancerCare hub in Morden-Winkler. A new maternity ward opened at St. Boniface Hospital and the Birth Centre opened in south Winnipeg.

 We've also taken several steps to improve organ donation and transplants in Manitoba including, most recently, launching signupforlife.ca, an online registry to help doctors honour individuals' wishes and give the gift of life to those in need. I would encourage everyone listening or reading to visit signupforlife.ca and register if they haven't already done so.

 As we continue to work on making health care better, we know that we must find ways to get better value for the funding we invest, like every other province is doing. We're currently in the middle of our five-year economic plan to return to a balanced budget and keep our economy growing while protecting the front-line services that matter most to Manitoba families.

 In Budget 2012, we announced a series of RHA mergers to reduce the number of RHAs from 11 to five, which is, of course, down from the original 13, where RHAs started in the 1990s. This plan will save at least $10 million over the next three years, which will be reinvested into supporting front-line care.

 Tackling health care administrative costs is important, and we've already made a lot of progress in this area. We used to have among the highest hospital administration costs in the country, but, today, we have among the lowest, according to independent data from the Canadian Institute for Health Information. And we have legislated limits on corporate spending in RHAs. Corporate spending accounts for approximately 3.5 of total spending across all RHAs today. So, while it is important to continue to focus on streamlining administration, more must be done to transform the system and protect the front-line services families count on.

 This is a challenge, as the demands for health care are increasing every day. We have a growing population that is living longer. The number of older Manitobans is expected to double in the next 25 years, and new medical advancements are offering new treatment but at higher costs.

 At the same time demand is increasing, Manitoba and other provinces face global economic uncertainty, and changes to federal health funding will see the federal government contribute even less to our overall health-care system.

 In the last few days, we released our plan to protect universal health care, a plan called Focused on What Matters Most, that will guide our investments and decision making to deliver better care closer to home for more families at a better value. Focused on What Matters Most has three key pillars to guide our system: healthier Manitobans, better health services and better value.

 We will support Manitobans to be healthier by focusing on tobacco reduction, injury prevention, increasing physical activity and healthy diets and improved access to screening. Healthier Manitobans means preventing chronic conditions and avoiding the need for more health services later on. Better health services with a particular focus on expanding home care and ensuring all Manitobans have access to a family doctor. These are examples of services that are both more convenient for the–for families and are less expensive than hospital-based alternatives.

 Better value through a variety of initiatives including streamlining administration, more bulk purchasing, getting better prices for drugs, reducing workplace injuries, and training and hiring more nurse practitioners and physician assistants. Our plan will see more seniors staying at home when they want to be there, for as long as possible; more family doctors offering same-day or next-day appointments; more QuickCare clinics while also getting a better value with fewer RHAs and executives, and other innovative changes.

 We've already made a–made good progress in these areas. Manitoba was the first province with a Healthy Living ministry and a smoking ban after introducing programs to support Manitobans. More report being physically active and eating healthier foods, while fewer are smoking and more are getting screened for cancers and other conditions. And this is translating into improved outcomes, with fewer Manitobans having heart attacks and strokes and more winning the fight against cancer. We've improved care with more than 3,000 nurses and 500 more doctors, lowering wait times and better–providing better access to health services closer to home. We've achieved better value through administrative streamlining, bulk purchasing, better drug prices and innovative projects, including the use of lean management and process improvement.

 In the face of uncertain economic times, governments have to make choices. They can cut them–cut services back, which is what we've seen happen here in the past and in other jurisdictions, or they can protect them. Our plan works very hard to protect them.

 We're focused on getting the most out of the money Manitobans invest in health care, as well as ensuring that we protect universal health care exactly as Manitobans expect us to do. We've made great progress in this area over the last few years. Now we have a strong plan to ensure we continue to protect what matters most going forward: the front-line, universal health care that Manitoba families count on.

 I know in the coming hours there will be a number of questions from the critic and her colleagues. I will listen attentively to those questions, I will endeavour to provide the best answers that I can, and, as always, I will endeavour to learn and listen to her advice so we can all work together to build an even better health-care system in Manitoba.

 Thank you, Mr. Chair.