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| ***Province*** | ***Législature*** | ***Session*** | ***Type de discours*** | ***Date du discours*** | ***Locuteur*** | ***Fonction du locuteur*** | ***Parti politique*** |
| Manitoba | 40e | 3e | Remarques préliminaires à l’étude des crédits du Ministère de la Santé | 26 mars 2014 | Erin Selby  | Minister of Health | NPD |

In the face of global economic uncertainty, we continue to focus on what matters most to Manitoba families by protecting and enhancing front-line services that they count on, of course, including health care. Budget 2014 provides a 2.1 per cent increase, or $110-million increase, in funding for health care to ensure that Manitoba families continue to have access to existing health services as well as continued progress on our commitments to provide even better care.

 Budget 2014 includes funding for a number of key government commitments. We're continuing progress on our commitment to a family doctor for anyone who wants one by 2015, including more doctors, nurse practitioners and opening new clinics such as ACCESS Winnipeg West at the Grace Hospital and two new QuickCare clinics in St. Vital and Seven Oaks and, of course, more to come, including in my constituency of Southdale.

 We are enhancing rural health care throughout recruitments of health-care professionals, beginning construction on new clinics in Swan River and Steinbach, a new ER and MRI in Dauphin, a new ambulance station in Ile des Chênes and a second mobile clinic to visit smaller communities.

 We're building a strong care system and supports for families facing cancer, including the expansion of cancer hubs into northern Manitoba and continued progress on our commitment to reduce the cancer patient journey from suspicion to treatment to 60 days or less.

 We're supporting seniors and enhancing opportunities for them to age close to home through construction of new personal-care homes in Winnipeg, Morden and Lac du Bonnet; celebration of the 40th anniversary of home-care program; and further investments to enhance fire safety in personal-care homes and other facilities.

 We're improving emergency care with the launch of an advanced-care paramedic program at Red River College, and moving forward with the implementation of other elements of the EMS review including the establishment of the provincial office of the medical director. We're continuing to focus on streamlining administration, increasing productivity and fighting for better drug prices. We've reduced the numbers of RHAs from 13 to five, cutting over a hundred board and executive management positions and saving over $10 million, and that money has been reinvested into supporting front-line care.

 As budget–as committed in Budget 2014, we announced yesterday that we're putting in new caps on corporate spending in the four rural and northern regional health authorities. Rural RHAs will be capped at 3.99 per cent and northern at 4.99 per cent. This, of course, builds on the successful cap of 2.9 per cent–2.99 per cent, rather, put in place for the Winnipeg Regional Health Authority in 2011. But I should note that their actual spending was down to 2.54 per cent in 2012-13.

 To further improve accountability and transparency in regional health authorities today, we're also putting into place requirements that all CEOs of RHAs, hospitals or personal-care homes need to annually report their expenses such as travel, meals and accommodations, and this information will be publically posted annually in June.

 We also announced yesterday another major expansion to the Pharmacare 'formularily'–formulary with over 400 new brands and genetic medications being added. Our Pharmacare program is a universal one. An income-based deductible is reached and it is one of the most comprehensive in Canada. We're able to add these new products by reinvesting savings reaped through our successful generic drug policies and by taking a joint approach to achieving low prices for generics in collaboration with other provinces. A lower price negotiated for six generic drugs alone will create over $9 million in annual savings, which will not only mean that we're keeping money in the pockets of Manitobans, but also means saving government, which will then be reimbursed into further drug coverage for families. New drugs being added will help Manitobans with heart disease, preventing strokes to those who've had a joint injury and help with allergies as well as many other conditions. Since 1999, we have added over 4,000 drugs to the Pharmacare program.

 While other provinces are freezing or cutting health-care spending, in recent years we have made significant progress in bending the cost curve in health spending while protecting services and maintaining balance in departments and RHAs.

 Supporting families facing cancer continues to be a primary focus of our government. We've intro­duced important new initiative to ensure that patients have access to faster cancer training–testing, rather, diagnosis and treatment by setting the goal of re­ducing the entire patient journey to two months or less. This is a $40-million comprehensive, aggressive and first-in-Canada cancer strategy. It will streamline cancer services and dramatically reduce the wait time for patients between the time that cancer is suspected and the start of effective treatment.

 Manitoba currently has the shortest wait time in Canada for radiation therapy, at one week or less, according to the Canadian Institute for Health Information. This is a standard measurement of wait times used by every province, but only captures the wait time from when a radiation specialist declares a patient ready for treatment to the day that the treatment actually begins. This measure does not include the other parts of the patient's journey such as referrals, testing, diagnosis, retesting and the development of the treatment plan. This new initiative will address the entire journey from when a patient's family doctor first suspects cancer until the treatment begins.

 The Manitoba cancer patient journey strategy includes accelerating cancer testing by hiring over 50 front-line staff, including eight more pathologists, two new cancer-testing co-ordinators and 35 more technologists; hiring more cancer patient journey navigators who are already working at sites across the province to monitor and help patients and families through their entire journey, identify delays and issues and ensure faster testing, diagnosis and treatment. It includes bringing faster access to cancer treatment closer to home by expanding our 16 rural chemotherapy sites into full CancerCare hubs, which include patient journey navigators and enhanced services for cancer patients and their families. We've already launched cancer hubs in communities across the province including Gimli, Selkirk, Dauphin, Swan River, Brandon, Neepawa and Morden, and this year we'll expand services in Flin Flon, The Pas and Thompson.

 As part of this strategy, we've also launched the First Nations, Metis and Inuit Cancer Control Program to directly engage communities in cancer prevention, treatment and awareness. We've also opened the new Urgent Cancer Care Clinic to help cancer patients get the urgent care they need without needing to go directly to an ER. We're also covering a hundred per cent of the costs for cancer treatment and support drugs with no deductibles for patients at home and in hospital. In the first year, over 9,600 patients signed up, and we saved over $10 million through this best-in-Canada coverage. And I do want to note that Manitoba and Saskatchewan are the only jurisdictions to cover both cancer drugs and the support drugs that deal with the side effects of cancer.

 Another key focus of Manitoba Health is our commitment to access to a family doctor for all. And as part of the funding in this budget, I was pleased to announce the location of the province's fifth QuickCare clinic, which will open later this year. This, of course, is one of four more QuickCare clinics in development for Winnipeg, on top of two already in place, and others in Steinbach and Selkirk. QuickCare clinics have already had over 67,000 visits and help to take significant pressure off of our emergency rooms. They're also just one piece of our broad plan to ensure access to a family doctor for all by 2015, an initiative that is not only about connecting those without a doctor to a regular care provider, but also enhancing the care available for those who already have one.

 Since 1999, we have had a net gain of over 560 practising physicians in this province, and we're well over our way to our 2011 collection commitment of 200 more doctors. However, while doctors are obviously a key part of our family doctor commitment, this plan is about a much broader vision of sustainability, accessible health care for Manitobans and it keeps Manitobans healthier by taking the pressure off our busy hospitals. It means we're maximizing the role of nurse prac­titioners, physician's assistants and all health-care professionals, as we bring together teams of care­givers to make sure that people get the right care at the right time, including the 14 my health-care teams, the 50 new health-care professionals to work in the doctor's office and help doctors take on up to a thousand more patients each. We are working, of course, in this expansion of family doctors because we know it's an important way to take pressure off of emergency rooms across the province. And we know that families expect to have safe, quality and timely emergency care.

 I would also like to take a moment just to thank the staff in both of my constituency office and in my Health office, the Health Department, and the many, many Manitobans who work in our health-care system. They are truly the smartest, most dedicated and most compassionate group of people I have ever had the honour of working with. I benefit from their support every day, but I know that their true motivation is the desire to have the best health-care system that we can for all Manitoba families. And I am proud that in the face of global economic uncertainty, we continue to focus on what matters most to Manitoba families by protecting those front‑line services that they count on–most importantly, health care.

Thank you, Mr. Chair.