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| ***Province*** | ***Législature*** | ***Session*** | ***Type de discours*** | ***Date du discours*** | ***Locuteur*** | ***Fonction du locuteur*** | ***Parti politique*** |
| Saskatchewan | 26e | 3e | Discours sur la santé | 19 avril 2010 | Don McMorris | Minister of Health | Saskatchewan Party |

Thank you very much, Mr. Chair. I have a really quite a lengthy statement to make, but before I do that I wanted to introduce the officials that are seated beside me and behind me. I won’t introduce them all unless they come up to the table and have some input, and then we’ll introduce all the officials at that time, or the official that approaches the table.

To me left is Dan Florizone, the deputy minister of Health. And to my right is Max Hendricks, the assistant deputy minister of Health. Over my left shoulder is Dr. Louise Greenberg, associate deputy minister; to her right would be Duncan Fisher, special advisor to the deputy minister. Over my right shoulder to the far right would be Lauren Donnelly, assistant deputy minister; and to her left would be Ted Warawa, the executive director of financial services branch. So those are the officials that we have directly behind me, and we have many other officials that can help, many very talented officials behind me that can help as we go through the estimates tonight for the hour and a half that we have, or maybe a little bit less than an hour and a half.

As I said, I have a fairly lengthy opening statement which kind of sets the stage for the remainder of the estimates. I won’t have nearly the statement to make in other estimates as we move forward, but tonight I just kind of wanted to kind of set the groundwork as to what the ’10-11 budget has to offer and the reasons why we are putting this budget forward.

I am proud to say that this government have taken a revolutionary approach to examining health care services in this province. We launched the Patient First Review. We knew that there would be incredible implications for health care in Saskatchewan, and we are now seeing similar consultations occurring in many other jurisdictions across Canada. Saskatchewan is once again leading the way in how we think about health care in Canada by putting the patient experience first.

Moving from opposition to sitting government, this government understood that we must continue to listen to the Saskatchewan residents who face challenges accessing health care services. We gathered together the perspectives of people who use the health care system and their families, providers of health care services, health care leaders, and other stakeholders.

Through our intense province-wide consultation during the Patient First Review, residents told us about positive experiences with knowledgeable and caring health care providers. We also heard stories of disappointment, frustration, and confusion when trying to access health services at all levels. We heard time and time again that residents seek quality health care for the dollars that they are spending. They want timely access, safety, and improved performance.

With their guidance, the government is in a position to respond. The Patient First Review has provided us with a template to address long-standing issues that affect patients who are ultimate customers and owners of the Saskatchewan health system. The commissioner’s report, For Patients’ Sake, and the recommendations in it are forming the basis for fundamental improvements to the way the health system serves Saskatchewan people.

The government supports the three guiding principles of the Patient First Review: patient first as a core value in health care; the need for continuity in the health system; and the need to empower front-line providers to deliver family- and patient-centred care. Our government believes so strongly in the Patient First Review and its guiding principles that we have provided $7 million in this fiscal year for a Patient-First Initiative Fund that will be used to support this cultural transformation.

Clearly excellent care is delivered in the province daily. Our front-line care providers are dedicated to protecting the health and safety of our residents. However the Patient First Review is a reminder that we need to adjust the health system’s culture to ensure that patients become and remain the focus of health care. Based on the Patient First Review, we have taken a critical look at Health and made strategic investments in programs and services in the 2010-11 budget. The Ministry of Health already has a number of initiatives under way that complement or directly support the Patient First Review including the Saskatchewan surgical initiative, the physician recruitment strategy, and our 10-year human resources plan.

This government identified that reducing surgical wait times is critical to improve the patient experience in Saskatchewan. Immediately following the release of the Patient First Review last fall, I asked a group of health system leaders to develop an ambitious plan to transform surgical care in Saskatchewan. We brought together a team of experts to consider the challenges from all perspectives. This team of physicians, surgeons, nurses, former patients, and health care administrator was asked to envision a surgical system that guaranteed no one wait more than three months for their surgery within the next four years.

I am pleased to say that we rose to the challenge and that we have a blueprint. We have a plan, the surgical care initiative. This government has provided $10.5 million in the 2010-11 budget to support surgical care initiatives including 300 additional surgeries and 25 additional CT [computerized tomography] scans.

We believe that we have adequate capacity in the current surgical system if only we could eliminate the backlog of surgical cases that are waiting. But clearing the backlog of surgical patients is only one aspect of the Saskatchewan surgical initiative. This initiative is about transforming the surgical patient experience in Saskatchewan so that people will receive superior surgical care now and into the years coming.

Some of the initiatives in the plan, such as pooled referral or third party service delivery, are indeed focused on increasing surgical capacity. Reducing the number of falls and injuries sustained by seniors will help to manage the demand on the surgical system as our population ages. Other recommendations such as standardized safety checklists in operating rooms and the program to prevent medical errors — medication errors, sorry — reflect the patient and family-centred concerns to safety. If we can deliver procedures more safely, then we reduce the risk of complications. Not only do we improve the experience for the patient, but we eliminate the need for the patient to return to the acute care system.

We are also implementing newer, leaner processes that will not only improve the quality of patient experience with the health care system but also improve the environment for our providers. For example, projects like Releasing Time to Care frees our health care providers to deliver more direct patient care. There are currently 18 hospital wards throughout the province that have implemented Releasing Time to Care, and another 18 are prepared to make this dramatic improvement. Most of the recommendations sound simple, and many of them are. But when dealing with an issue as complex as health care, we sometimes lose sight of the simple solutions that keep the patient first.

In keeping with our government’s focus on a patient-centred health care system, this government has dedicated new resources to recruitment and retaining physicians. In Saskatchewan we are very fortunate to have such a dedicated group of physicians who often go beyond the call of duty for their patient. However, Saskatchewan has fewer family physicians than the national average, and we have fewer specialists and retain fewer of our medical graduates. This is the legacy inherited by our government, but is a challenge that our government needs to face.

Physicians are in great demand, not only in Saskatchewan, but across Canada and around the world. Travel anywhere in this province and you will hear how we need to do more to attract physicians and retain those who are practising here. During my time as the Minister of Health, it has become clear that a more strategic approach must be taken if we are to see real gains in physician numbers. This government has seen real success in our efforts in recruiting and retaining nurses, and now we need to broaden our approach and turn our focus towards physicians.

First we saw the need for Saskatchewan to train and keep its own physicians. This government has turned the tide on medical seats in the province of Saskatchewan and has increased enrolment at the College of Medicine. We are now on track to implement our commitment of 100 undergraduate seats and 120 resident positions within our first term.

As important as it is to create these medical seats, it is a long-term strategy. It will take some years to see more doctors complete their education. This government needs to take immediate action to address the physician shortage that is being experienced now. Therefore we announced a physician recruitment strategy for Saskatchewan. Currently physician recruitment is largely a responsibility of health regions, communities, and, probably more importantly, the individual physician practice. We needed to create a central coordinating agency to guide the recruitment strategy and enhance the coordination of recruitment efforts across the province.

The physician recruitment board will establish the operational and strategic plan of the agency, focusing on the retention of Saskatchewan medical grads, promoting Saskatchewan as a great place to practise, and examining innovative ways to ensure that our province has the advantage over other jurisdictions looking to attract the same physicians.

The new physician recruitment agency will bring together the many facets of recruitment, working closely with health regions and communities to address their needs for physicians. It will be a one-stop point of contact for medical students and physicians seeking to set up practice in Saskatchewan. The physician recruitment agency will adopt best practices and unique approaches to attracting and retaining doctors. For example we have medical student ambassadors in place that have begun our social marketing campaign. These efforts are targeted at new medical grads, ensuring they know that we want them to stay and set up practice right here in Saskatchewan.

Only a few weeks ago it was my pleasure to announce $2 million from the Ministry of Health and Advanced Education, Employment and Labour towards distributive medical education led by the Saskatchewan Academic Health Sciences Network. The distributive medical education will increase the number of physicians trained in rural centres, which is key as a physician trained in rural Saskatchewan are much more likely to remain in rural Saskatchewan.

The shortage of physicians did not happen overnight, and finding solutions will take some time and effort. But this government has allocated 3.5 million in the 2010-11 to the agency to see that this important work gets under way immediately and that we start to reverse the trend seen in this province over the last over the last number of decades, over the last decade.

I am happy to report that in the last two and a half years under our government we have seen an increase of 72 general practitioners and 92 specialists into the province. That’s an increase of 164 physicians working today since our government has come to power. This government will see to it that this trend continues with our physician recruitment agency and the positive momentum we have from our landmark Patient First Review.

In addition to these uniquely Saskatchewan initiatives, this government has invested more in autism services in 2010. More and more Canadians are being diagnosed with autism, increasing the demand for health, education, and social services to better assist these children and their families each and every day. To help these families cope with autism, this government implemented a provincial strategy for autism services in 2009, investing $6 million annually to supplement the services already in place.

Informed by representatives of autism support and stakeholder groups, the autism framework and action plan enhances access to effective and efficient autism services and supports. The action plan is intended to address gaps in the continuum of care and apply a coordinated approach to evidence-based supported interventions. Each health region is in the process of implementing the action plan, ensuring that autism spectrum disorder support is available to residents throughout the province.

A key component of the strategy is ensuring that the regions have the necessary treatment and program personnel. I can report today that 13 of the 15 autism spectrum disorder consultants and 11 of the 18 support workers have been hired and recruitment efforts continue to fill the remaining spaces. In addition to these dedicated staff and the interventions they provide, province-wide training opportunities are offered for parents, caregivers, and professionals to ensure that Saskatchewan has a pool of trained individuals who are qualified to deliver a variety of interventional strategies.

As well, seasonal programs and respite funding is available to assist individuals and families that require support during off-school hours. This approach not only provides direct services to children but builds on the network of support around them in their homes and in their communities. We are currently examining further enhancements to this system of supports and how we can best serve those Saskatchewan residents with autism spectrum disorder.

In 2010-2011, the government has increased the annual autism services funding by $2.5 million, bringing the total investment this year to $5.5 million. With these new dollars, additional therapy services and respite services will be available to support individuals with autism throughout the province. Of course every child is different and for children with autism, each treatment plan is different. Access to evidence-supported treatment and intervention strategies is necessary to meet the individual needs of children with autism. These new resources will be targeted and assessed to ensure that the action plan is best serving these children and their family. Once the framework and action plan has been fully implemented across the province, the ministry will review the process to measure its success and determine any recommendations for the future.

Whether it’s autism programming or the Saskatchewan surgical initiative, the government is continuing to invest in health care in a strategic, patient-focused fashion. In the current economic climate, health care spending has come under the microscope and we are committed to seeing effective and efficient health care services within the means of our government. The Ministry of Health intends to be a model to other government ministries and agencies as we implement a lean approach to health care, a method that continues to put the patient first while making the system work smarter.

We have made significant progress on a number of fronts, but more needs to be done. By encouraging innovation and efficiencies in the health care system, this government will be able to continue to advance cancer and cardiac care, April 19, 2010 Human Services Committee 1007 hemodialysis, and mental health services in the years ahead. We must continue to support front-line services and deliver high-quality health care services in a timely fashion while reducing Health’s footprint in the provincial government.

Although we are not the only jurisdiction facing challenges of rising health care costs, I believe we are leading the way with innovative and meaningful solutions that will improve care to the persons who matter most — the patient. Thank you very much and I would be pleased to answer any questions that the committee may have.