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| Saskatchewan | 26e | 4e | Discours sur la santé | 4 avril 2011 | Don McMorris | Minister of Health | Saskatchewan Party |

Thank you, Mr. Chair. I have a lengthy opening comment. First I want to introduce some of the officials that are around me. We have quite a few officials. I won’t go through introducing all of the officials unless they need to come up and speak to specific issues.

But on my left is Dan Florizone who’s the deputy minister of Health. On my right is Max Hendricks who is the associate deputy minister of Health. Back over my left shoulder is Duncan Fisher who is special adviser to the deputy minister; beside Duncan is Lauren Donnelly, assistant deputy minister; and on my right side is Ted Warawa, executive director, financial services branch. And as I said, there are a number of other officials behind me that I’m sure will be able to assist us as we go through this lengthy three and a half hours of estimates on Health.

I want to begin by, as I said, making some opening comments regarding the Ministry of Health and what we plan on doing over the next year and what we have done over the past year.

The theme of our government’s budget this year is The Saskatchewan Advantage. At first glance, one might assume that the Saskatchewan advantage refers solely to the things like our abundant natural resources or a terrific quality of life we enjoy. As Minister of Health, I believe a large part, I believe a large part of the Saskatchewan advantage applies to the services that the health system provides to patients and their families who use our system and the health care providers who work within it. We are continuing our focus on putting the patient first to ensure Saskatchewan people receive timely and quality health services.

This year’s health budget recognizes our government’s commitment to health care and to the health of our residents. It allows strategic investment while recognizing that more efficiencies in the health sector is possible.

I’ll begin with a basic overview. The Government of Saskatchewan has introduced a $4.46 billion health budget. The largest portion of our government’s investment in health: 73 per cent of the 2011-12 budget goes towards paying health care workers. Another 16 per cent, or $706 million, is for drugs, medical, surgical, and laboratory supplies. The final 11 per cent, or $494 million, funds other health costs like out-of-province medical services, air ambulance, and extended benefit plan. This is an increase of $260 million, or 6.2 per cent from the previous fiscal year, reflecting the government’s commitment to health care.

I’ll explain what makes up the $260 million increase this year. $172 million can be attributed to compensation costs for health sector workers and ministry employees. $23 million is due to the increased costs and use of medication and medical, surgical, and laboratory supplies. $65 million is attributed to the net growth in other non-salaried operating costs, including increases in physicians and out-of-province medical services, air ambulance, and other utilization programs.

The dedicated women and men who provide the care within our system are both our greatest strength and our biggest asset. Naturally they represent our largest investment. More than 800 nurses have been hired across Saskatchewan, fulfilling government’s election commitment to address the province’s nursing shortage and provide better care to patients. According to the Saskatchewan Registered Nurses’ Association, we now have more than 10,000 nurses working in the province — an all-time high, and I’m very proud of that fact.

We want to do the same on the physician front. Access to physicians is a top priority for Saskatchewan people, which is why we have established our physician recruitment strategy. Our efforts are getting results. Currently we have more physicians working in this province than ever before. As of December 2010, there were 1,970 physicians licensed in Saskatchewan, a 7.3 per cent increase over March of 2009. Of those, 1,049 are general practitioners and 921 are specialists. That said, we always strive to improve.

The physician recruitment agency is fully operational with a CEO [chief executive officer] and seven staff including three recruiters. The agency is open for business, actively recruiting physicians with a special emphasis on recruiting our own graduates. The agency is also developing a brand that will make Saskatchewan stand out as a destination of choice for local, national, and internationally trained physicians.

There are also a number of items in this year’s budget that address physician recruitment. The 2011-12 budget includes funding for more physician positions along with other health initiatives. It continues with education, recruitment, and retention efforts for health providers including an additional $1.5 million for the clinical and medical teaching unit at the U of S [University of Saskatchewan] and Regina General Hospital to ensure students have access to appropriate training. And it funds an additional 800,000 for faculty positions at the College of Medicine to ensure a stable supply of pediatricians.

Saskatchewan’s growing population is a reflection of our strong provincial economy. It also has results in increased demands on our health care system, and our budget provides significant investment to help meet those demands. In 2011 and ‘12, the health region authorities, the regional health authorities will receive $2.8 billion from the Ministry of Health, an increase of $250 million or 9.7 per cent increase, to better deliver health services to Saskatchewan people.

I would like to take a moment to give some acknowledgement to the excellent work our Saskatchewan health regions are doing. Last year was a difficult budget year; at least that was our expectation when putting together last year’s budget. Every ministry had to take a hard look at the services it wanted to provide, and even ministries had to make . . . Every ministry had to make some difficult choices. At the Ministry of Health, we asked health regions to find efficiencies wherever they could, and we asked them to do so without sacrificing patient care. They more than rose to the challenge. Regions were asked to achieve $15 million in savings through improvement of attendance management. They exceeded this target by over $3 million.

I’m pleased to report that all health regions are forecast to end the fiscal year in a surplus position. Even though our financial picture has improved for this budget year, we are still focused on making the health care system as efficient as possible. Later in my remarks, I will talk about the transformation our system is undergoing as we strive to achieve the best value for money while improving the patient experience and population health.

Of course health regions aren’t the only ones who deliver health care. Another vital part of the equation is the Saskatchewan Cancer Agency, which is responsible for planning, organizing, delivery, and evaluation of cancer care and related health services throughout the province. The Cancer Agency will receive operating funds of $121.9 million in 2011 and ‘12. That’s an increase of approximately $12.6 million or 11.5 per cent over last year. Almost half of the agency’s increase or $5.6 million is for drugs. The remaining funding is for salary increases, increases in operating costs, as well as funding bone marrow transplants and increasing colorectal cancer screening.

I will briefly cover some of the other highlights when it comes to the health funding in the 2011 and ‟12 budget. Five million dollars in 2011-12 will go towards the establishment of a helicopter air medical service in Saskatchewan. The service will focus on care and transport of critically ill or injured patients in rural and remote areas of the province. The funding model relies on a partnership between government, corporations, and the communities. STARS [Shock Trauma Air Rescue Society] Alberta currently receives only 25 per cent of their funding from government because of their successful fundraising efforts. And we continue to explore fundraising arrangements with the private sector.

We’re spending $10.1 million to address increased volumes in diagnostic imaging services, cardiac care, and chronic kidney disease. $4.2 million dollars will be spent on bone marrow transplant, bone marrow transplant patients to undertake treatments in Saskatchewan and to help reduce the number of patients being transferred out of province and country. $780,000 will also be used to expand the colorectal screening program to the Regina Qu’Appelle Health Region. Currently it’s under way in Five Hills/Kelsey Trail health regions.

$493,000 will go to the Ombudsman to establish a dedicated health care unit within the province, provincial office. This fulfills a mandate commitment made by our government in 2007. We are providing an additional $1 million for autism spectrum disorder assessment, intervention, and training as part of government’s child and youth agenda. This will increase the ministry’s . . . The Ministry of Health will spend a total of $6.5 million this year, specifically targeted to autism treatment and support. In addition to these funds, there are a number of services and supports offered by health regions to individuals with autism spectrum disorder that is supported by the ministry’s global funding.

We are funding an additional 600,000 for fetal alcohol spectrum disorder prevention, diagnosis, and support, also part of the government’s children and youth agenda. Total targeted ministry funding for prevention, treatment, and support of primary FASD [fetal alcohol spectrum disorder] is $2.1 million.

$2.8 million will go towards additional specialist services in Prince Albert, Saskatoon, and Regina. $2.5 million will be allocated to a provincial HIV [human immunodeficiency virus] strategy. And $2.1 million will go towards the electronic medical record expansion into physician offices. Our government has set a goal of 50 per cent of all practising physicians to have implemented electronic medical health records by the end of 2011-12 fiscal year.

Two million dollars will go to the kidney transplant program revitalization to recruit and hire more specialists and resume deceased donor transplants in Saskatchewan. As you know, the kidney transplant program resumed in Saskatoon late in 2010 for living donors. Patients who receive kidneys from deceased donors will still have . . . donors still are having surgery out of province in Edmonton. And we are committed to achieving the resumption of the deceased donor program here in Saskatchewan.

850,000 will go to tobacco reduction activities, including social marketing, and to influence behaviour.

As part of government’s continuing commitment to addiction support, an estimated $57 million is being allocated to alcohol and drug services in 2011 and ‘12. The money funds a full range of alcohol and drug treatment services including detox, in- and outpatient treatment, long-term residential services, day treatment, and community mobile outreach, as well as substance abuse prevention and health promotion activities across the province.

Funding builds on the recent investments, including a 45-bed detoxification facility in Regina, six youth stabilization beds at Saskatoon’s Calder Centre, and 14-bed detox facility in Prince Albert, as well as two other facilities soon to come on board in Prince Albert: an eight-bed family treatment facility and, in co-operation with the Prince Albert Grand Council, a 15-bed youth in-patient treatment centre.

I would be remiss if I didn’t mention some of the pre-budget announcements made in the fiscal year of 2010 and ‘11 that were possible thanks to the improvement of the government’s financial position. Those announcements include some major capital infrastructure announcements and funding towards further reducing surgical wait times.

High-quality diagnostic imaging services are a high priority for our government and our health system. We were pleased to announce a month ago today a partnership with the Royal University Hospital Foundation to purchase the first PET [positron emission tomography] CT [computerized tomography] scan to be located on the University of Saskatchewan campus. The province will contribute $4 million and the foundation $2 million. The PET CT scan will provide Saskatchewan patients with the highest standard of medical imaging. PET scans are particularly useful in treating cancer patients and assessing whether treatment is effective. Renovations and installation of the PET CT scan will begin in the 2011-12 fiscal year and is expected to be operational by 2012-13.

A new children’s hospital is a key priority for our government. By providing $200 million to this project, we are ensuring it will best meet the needs of Saskatchewan families and health care professionals today and into the future. A state-of-the-art centre will also help attract and retain specialists and other valuable health care professionals, which will mean enhanced services for Saskatchewan people. Our goal is to design a lean facility that creates maximum value for patients and their families through the provision of patient- and family-centred care and improving quality, efficiency, and safety.

In February we announced $40 million to accelerate increases in surgical capacity and make longer term plans for diagnostic and surgical services. This funding enables the regions to more quickly ramp up surgical capacity and make longer term plans for diagnostic surgical services. This includes funding for a fourth MRI [magnetic resonance imaging] in Saskatoon, OR [operating room] nurse training, renovations to operating rooms and patient recovery wards, purchase of surgical equipment, more funding for physician services and home care and rehabilitation programs, among other initiatives. The funding will enable health regions to complete an additional 5,700 surgeries over the next year, an increase of approximately 8 per cent.

Saskatoon Health Region will provide approximately 1,750 more surgeries, Regina Qu’Appelle Health Region approximately 1,700 surgeries, and the other health regions combined account for the remaining 2,300 additional surgeries. By the end of 2011 and ‘12, the initiative’s goal is to reduce all surgery wait times to less than 12 months. We know the work we are doing takes time, but we are seeing a big difference. Saskatchewan’s surgical initiative goals are to transform the surgical patient experience and to ensure that by the year 2014, no surgical patient in Saskatchewan waits more than three months for surgery.

Since we became government in 2007, the number of patients waiting longer than 12 months for surgery has dropped by 40 per cent and the number waiting more than 18 months has dropped by 62 per cent. From the time the surgical initiative was launched in April 2010, the number of patients waiting more than 12 months has declined by 22 per cent and the number waiting more than 18 months have declined by 36 per cent. Huge improvement.

We’ve also reduced the share that communities will have to put towards regional health facilities. Communities asked for a change in the funding formula for health facilities. We listened and took action. The provincial government will now pay 80 per cent of the cost for regional health projects like long-term care facilities, up from the traditional 65 per cent share which was the government’s responsibility. An 80/20 split lowers financial barriers to the revitalization of health facilities in towns and cities across Saskatchewan. I am hearing words of support and thanks for this change from communities across the province.

We know that health care infrastructure in our province has been neglected for years. On the same day we announced the funding formula change, we also announced $133.1 million for numerous infrastructure and access improvements. That number includes $49.3 million for design and construction costs of the 13 long-term facilities redevelopment projects. This funding is in addition to planning dollars already allocated as the province’s share of the project costs to replace those aging facilities. One project is already well under way and 12 are expected to go to tender in the 2011 fiscal year.

The February announcement also included $24 million in new capital equipment and upgrades and $18.7 million for infrastructure, maintenance, and improvements. It includes another $8 million for continued development of an electronic health record. Work by the new Treasury Board Crown, eHealth Saskatchewan, will support electronic health record development like those recommended in the 2009 . . . by the Patient First Review.

We also put $5 million towards the redevelopment planning of the Moose Jaw Union Hospital, and we’re investing $7.1 million to renovate and repair the Parkridge Centre long-term care home in Saskatoon. As well, we allocated $500,000 for CT services in Melfort. Finally the February announcement included $10.5 million to support physician recruitment and retention and another 10 million to support the increased number of physician services.

I’d like to shift gears a bit before I conclude my remarks. There’s something very exciting happening in Saskatchewan health care, and I’d like to take a moment to talk about it. In Saskatchewan, we started the journey to transform the health care system with the simplest of concepts: the patient comes first. That principle is driving quality, safety, and service throughout the system and to the front lines where service occurs.

We have built on the foundation by embracing quality improvement and fostering innovation by establishing the Patient-First Initiative Fund to support the health system by adopting patient- and family-centred care. Our goal is to improve excellent service and programs to all citizens while providing taxpayers with the best possible value.

Since 2007 our government has realized a number of successes and firsts in health care quality improvement. We are the first province in Canada to implement lean across the entire provincial health system. Lean is both a philosophy and a methodology used to increase value to the patient by eliminating waste in the process of care. Lean is a proven methodology for improving quality without increasing costs and while improving financial sustainability. Implementation of lean reflects a patient-centred approach of care. The results are extremely promising. We’ve seen examples of shorter wait times for patients, improved patient safety, and increase in the amount of time providers spend caring for patients. It also increases productivity, enhances staff safety and morale, and controls costs.

Saskatchewan is also the first provider to adopt Releasing Time to Care, which is based on lean methodology. It is being introduced in in-patient settings and special care homes and is focused on improving the quality and safety of care, enhancing workforce morale, and bending the curve of health care spending.

Saskatchewan, like all other provinces, spends almost half of its provincial budget on health care. Finding ways to deliver the services residents need by empowering the people who deliver those services to make the changes they need, to me that is true transformation. To date, the health regions have launched more than 90 lean initiatives focused on improving a wide array of programs and services including patient flow, laboratory services, medical administration, and patient safety.

Our quality improvement efforts are starting to attract attention outside of Saskatchewan. This past February, Saskatchewan’s deputy minister of Health, Dan Florizone, received the 2011 Canadian Health Services Research Foundation Excellence Through Evidence award for accelerating change and strengthening health care in Canada and in Saskatchewan — only the second time this award has been awarded, so congratulations.

We recognize that transforming Saskatchewan’s health care is a journey and not a destination, and we continue to seek new ideas and inspiration. In fact on April 20th and 21st, Saskatchewan will record another first when it comes to hosting the first ever health quality summit with internationally recognized leaders in health quality from across North America and Saskatchewan. This is also an opportunity to showcase the amazing success stories from our own quality improvement initiatives right here in Saskatchewan. I’ve invited the federal and provincial Health minister colleagues from across the country to come and hear about what’s possible, and we’re hearing positive results from those invitations.

I am proud of the leadership shown throughout all levels of our health care system in Saskatchewan and embrace the change that leads the country in the pursuit of quality agenda. I believe this will be the next great revolution in health care.

Here in Saskatchewan we are moving forward on our commitment to revitalizing health care across the province. Our $4.46 billion investment in health care this year means that we are able to maintain health services for Saskatchewan people and continue to make strategic investments to improve the health of our residents. It means we will continue to make progress on our priorities and, above all, we will continue to put patients and their families first.

Thank you very much for the time that I’ve been allowed to outline our initiatives as we move forward in health care. My officials and I would be more than happy to answer any questions that may come from the committee for the next three hours.