|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Province*** | ***Législature*** | ***Session*** | ***Type de discours*** | ***Date du discours*** | ***Locuteur*** | ***Fonction du locuteur*** | ***Parti politique*** |
| Saskatchewan | 27e | 1e | Discours sur la santé | 26 avril 2012 | Don McMorris | Minister of Health | Saskatchewan Party |

Thank you, Mr. Chair, and thank you to the committee members. It’s always a privilege to be here on hour number one, but it’s actually even a bigger privilege when you’re on hour number eight when you’re getting closer to the end.

But I have a number of officials with me today to help me go through the budget and answer any questions that maybe arise from my opening remarks or anything else that’s in the budget documents.

Of course I have a number of officials, as I said, with me. To my left is Dan Florizone who’s the deputy minister of Health; and to my right is Max Hendricks, the associate deputy minister. Over my left shoulder is Laurie Pushor, my chief of staff; and also over my left shoulder is Lindell Veitch who also works in my minister’s office. Over my right shoulder to the furthest right is Lauren Donnelly who is the assistance deputy minister; and also to her left would be Brenda Russell who is the director of finance services branch.

As I said there are a number of officials who will be here to assist me and as they approach the mic or questions that are directed into their area, they’ll try to remember to have them identify themselves as we go through the next number of hours.

I do have a number of comments to make, a bit of an extended comment because of the size of the budget. And so as a result, I do have a number of things that I want to identify and highlight as we go through. So bear with me as I go through my opening remarks.

As I have said many times, our government is focused on putting patients and families first. That is the drive behind everything that we do. A big part of that is ensuring that people have access to timely and quality health care. Our triple aim is better care, better value, and better health, with the help of better teams. To get there we are transforming the health care system in this province. We are setting bold targets and testing innovative concepts. We have embraced concepts like lean and continuous quality improvement.

We are empowering health professionals and patients throughout the system to make changes that improve the quality of service provided while helping to control costs and ensure sustainability. We have made strategic choices, some of them difficult, in an effort to ensure that our system is viable into the future. Ultimately it’s about bringing better care, better value, and ultimately, better health for the people of Saskatchewan.

The Ministry of Health’s budget is a reflection of our government’s focus on improving access to health services. It also lays the foundation for the work the ministry will be doing over the next five years. Last year, you may recall the theme of the provincial budget was The Saskatchewan Advantage. This year the theme is, keeping Saskatchewan’s advantage.

As you know, Health represents the largest portion of the provincial spending across Canada, and that remains the case in Saskatchewan as our ministry accounts for over 40 per cent of the total budget expenditures. In dollar figures that amounts to $4.68 billion which is, for Health, a modest increase of 4.9 per cent from last year.

We have slowed the rate of year-over-year growth. Last year the increase was 6.2 per cent, but that is still an increased investment of $218 million this year. Most of the increased investment — 186.7 million — is attributable to growth in costs of operating base programs such as salaries for those working in the health care sector, drugs, and medical costs. Approximately 77.5 million is due to new initiatives, programs, and service enhancement. Finally we’re spending just over 23.5 million to construct new facilities, maintain existing ones, and provide medical equipment.

Now you’re probably doing the math in your head and saying that sounds like it adds up to more than 218 million, and you’re right. We’re also finding $70 million in savings through efficiencies in various programs, services, and administration. You can attribute that to the better value from the triple aim. When you factor in those savings, you’re left with an additional increase, investment of $218 million.

Before we go into more detail around the budget numbers, I will also give you a very high-level overview of where the Health dollars are going. Of Health’s total — 4.68 billion in the 2012-13 expense budget — our biggest investment is in the people who work in the health care system. Seventy-one per cent or 3.33 billion of all health care spending pays for physicians, nurses, and a wide number of people working in health care. These are the people who keep our system functioning around the clock, 365 days a year.

Another significant proportion of our investment pays for drugs, medical, surgical, and laboratory supplies. This accounts for 15 per cent of the total health budget or $716 million. The total includes drugs and supplies used by regional health authorities, the Saskatchewan Cancer Agency, the Saskatchewan Disease Control Laboratory, Canadian Blood Services, immunization programs, the provincial drug plan, and the Saskatchewan Aids to Independent Living program or SAIL.

Thirteen per cent or 609 million funds other general operating costs incurred by the ministry and its partners in health care delivery. This category also includes the four out-of-province medical services, extended benefit plan, air ambulance services, and the senior citizens’ ambulance assistance program. A large portion of the total health care budget flows through the regional health authorities, as they are responsible for the day-to-day delivery of health care services in our province. The province’s regional health authorities are receiving $2.9 billion in this 2012-13 budget, an increase of $98 million over last year. I would now like to highlight some of the key investments contained in this year’s budget.

The Saskatchewan surgical initiative. A major one is our $60.5 million investment in the Saskatchewan surgical care initiative. I spoke about ambitious goals earlier, and I don’t think there are any that are more ambitious or that we are more committed to than our government’s commitment to reducing surgical wait times. By 2014 our goal is that all surgical patients will have their surgery offered to them within three months. It was a key outcome of the Patient First Review, and we are now two years into the surgical care initiative. Our first two years as a surgical initiative focused on serving the long waiters and really targeting the lists of people waiting more than 18 months and people waiting longer than 12 months.

We are doing more surgeries and we are improving the quality and efficiencies of surgical care. And people are getting surgeries sooner. The latest data, updated on February 29th of 2012, show that 96 per cent of patients now receive their surgery within 12 months of the booking for surgery, and 88 per cent receive it within six months. In 7 out of 10 health regions that perform surgery, all procedures were performed within the 12-month target. Since 2007 the number of patients waiting more than 18 months decreased by 91 per cent, and the number waiting over 12 months decreased by 80 per cent. The number waiting more than six months also has dropped by 56 per cent. That is amazing progress, but there is still lots of work to do in order to reach the 2014 target of having no patient wait longer than 3 months for surgery.

The 60.5 million we are investing this year in the Saskatchewan surgical care initiative is over and above surgical funding that health regions receive in their base budgets. The funding will help health regions complete 4,380 more surgeries this year, compared to our projected total of 2011-12. That’s 8,000 more surgeries or 10 per cent more than the 2009-10, the year before the Saskatchewan surgical care initiative began. Other planned expenditures include lab services, staff training, quality improvement and safety initiatives, home care services, and rehabilitation services. Because this important initiative is not just about sooner; it’s about safer and smarter care.

Saskatchewan is making surgical care safer for patients. Health regions are working towards universal implementation of the surgical care, surgical safety checklists in all hospital operating rooms. These checklists save lives, reduce complications, and significantly improve patient safety. Surgical care is also getting smarter through innovative measures like patient pathways which are being utilized in several specialty areas.

Patients considering hip or knee replacement surgery are referred to a multi-disciplinary clinic where they are assessed, prepared for surgery, and educated about what is expected after surgery. The clinic also helps identify patients who may not need surgery. This helps shorten the wait to see a specialist and improves preparation for surgery. We will continue to pursue greater efficiencies of care through the clinical practice redesign and pooled referral initiatives.

In the coming year we also will be supporting work with the physicians and other partners to ensure patients are receiving the most appropriate care. When we talk about the better part of the triple aim, the Saskatchewan surgical initiative is a big part, a big part of that.

The improvements in access to cancer treatment that we’ve seen will continue to be seen. It’s another example of better care. Cancer care is one of our highest priorities. Statistics tell us that more than four out of every 10 people will develop cancer within their lifetime. We want to give Saskatchewan people access to the best cancer care available anywhere. The province’s budget underscores that commitment. We’re providing $138.8 million in funding to the Saskatchewan Cancer Agency this year. Over the term of our government, the agency’s budget has increased by 76 per cent with an additional 16.9 million provided this year. Part of that will be providing an expanded colorectal screening program, providing early detection tools and thereby supporting early treatment and improved patient outcomes. Colorectal cancer kills about 270 people in Saskatchewan every year, but it’s highly treatable if caught early.

The screening program for colorectal cancer program uses a simple test that helps detect colorectal cancer in the early stages. It is mailed to residents between the ages of 50 and 74 to use in the privacy of their own home. People at risk for colorectal cancer can be treated quickly and avoid future, more invasive cancer treatments. We appreciate the leadership of the Saskatchewan Cancer Agency and the support of the health regions in expanding this screening program.

When we talk about improving access to care, the Cancer Agency has accomplished a lot. The numbers don’t lie. Two years ago there were 495 people waiting for their first appointment with a medical oncologist. Despite a growing number of new patients, there’s been an approximately a 49 per cent decrease in patient waits for first appointment with medical oncologists. More importantly, over the past two years the number of days a patient waits between referral and first appointment with a medical oncologist has been reduced from 155 to 55 days, significantly improving . . . Significant improvement has been achieved, but improvements will continue to be made.

Primary health care. We are investing $5.5 million to test new models and strengthen existing services, both intended to improve access to primary health care. Primary health care makes better use of a full range of health care professionals April 26, 2012 Human Services Committee 107 working to their full scope of practice, with a physician as a key team member. As you may know, the Patient First Review called for changes to primary health care. Strengthening primary health care is a key priority for our health system’s leaders and providers. The money we are investing this year will increase access to primary health care, improve the patient’s experience with the health care system, make and keep Saskatchewan people healthier, and be stable and sustainable into the future.

We are going to be testing new approaches to primary health care in a number of innovative sites across the province. These approaches could employ new uses of technology that would allow patients to remotely consult with doctors or nurse practitioners via phone, email, or Skype. Another innovative approach is looking at new roles and new ways to use health professionals to create the best teams as we referred to in our triple aim. This includes enhancing roles of pharmacists, paramedics, or emergency medical technicians, the introduction of nurse care managers, and the integrating mental health and public health services into primary health care teams. This is not going to be a one-size-fits-all solution. We are involving communities and giving them a voice in the design of the delivery of health services and supports needed to best address local needs.

The locum pool. Another election promise commitment was to implement a rural physician locum pool to support access to physician care. In addition to the existing short-term locum pool operated by the Saskatchewan Medical Association, people in rural Saskatchewan need safe, consistent, and appropriate access to care. We’ve all seen how disruptive it can be for a community when the local doctor is on vacation or away from his or her practice. There is $1.5 million in this year’s budget that will go towards developing that locum pool. My ministry is working with stakeholders including the SMA [Saskatchewan Medical Association] and regional health authorities to make this a reality. Having a resource like a locum pool will also assist in attracting and retaining physicians in rural Saskatchewan. Again it all comes back to improved access, improving or better care.

Diabetes support. While we work to ensure the needs of acute patients are addressed, we must also make sure we maintain a focus on issues like chronic illness. One of the chronic diseases that is a significant concern to Saskatchewan is diabetes. It is estimated that approximately 75,000 in Saskatchewan have been diagnosed with either type 1 or type 2 diabetes. Of this number approximately 10 per cent have type 1 diabetes. An incremental $2.5 million has been included in Health’s 2012-13 budget to meet the election commitment to provide more support for people with diabetes. These monies support enhancement to the drug plan which adds long-acting forms of insulin to the formulary. That change also was effective December 6th, 2011. We’ve also expanded the children’s insulin pump program to people 25 years of age and under. That change was effective January 1st, 2012. Both of these changes were welcomed by the Canadian Diabetes Association.

STARS [Shock Trauma Air Rescue Society]. As we know, there are times when trauma occurs and medical treatment of a more critical nature is needed urgently. We are proud to add STARS helicopter program to our EMS [emergency medical services] service in Saskatchewan. The Health budget includes an incremental $5.5 million in funding for the STARS helicopter program, bringing the total amount to $10.5 million. This service will focus on care and transport of critically ill or injured patients in rural and remote areas of the province. We’re very excited about the improvements in service and the capabilities that will result in having STARS added to our existing EMS team of ground ambulance and fixed-wing Saskatchewan air ambulance services. Helicopters will be based in Regina and Saskatoon, and the Regina-based service is scheduled to begin operation April 30th.

Capital investments. This Health budget also contains a significant investment in health capital infrastructure. We are investing in facilities and equipment, improvements for the benefit of patients and staff of health facilities across the province. Work continues on the long-term care facilities as well as the innovative projects — in Saskatoon, the children’s hospital; North Battleford, the provincial hospital; and the new hospital in Moose Jaw.

Savings. I’ve talked a lot about what we’re spending in this year’s budget, but I should also talk about where we’ll be saving. This year’s Health budget echoes what the Premier and Finance minister have been talking about when they say, austerity and prosperity. As I mentioned earlier, Health represents over 40 per cent of the total expense budget in Saskatchewan, and these numbers are not going down. If we want meaningful spending restraint as a government, then we must find a way to keep the growth under control and sustainable. There are a number of ways we are going to be doing that.

Regional health authority efficiencies. Regional health authorities and the Saskatchewan Cancer Agency will be expected to find $48 million in savings. Changes may result in reconfiguration of some services but will not compromise patient care. There will, however, be better value for our investment in the health care system. Approximately 30.2 million in savings will come from administration efficiencies, supply savings, and services redesign, and again do not adversely impact patient care. Another 7.2 million will come from attendance management, which will reduce the costs of overtime, premium pay, sick time productivity losses, and workplace injuries. Shared services will account for savings of approximately $7 million through coordination of purchasing and services across the region.

The Ministry of Health. We’re not just putting these expectations on the regions. The ministry is also finding savings through efficiencies and elimination of waste. The ministry continues to lead efforts in advancing lean in the health system to eliminate waste and create better value for people we serve — patients, families, residents, clients, and providers. Through the adoption of lean, Saskatchewan has an opportunity to revitalize health care and to be a leader in Canada and around the world. The results have meant better service and better value for the people of Saskatchewan.

Drug plan cap changes. With every budget, tough choices have to be made. This budget was no different. One of those tough choices was to increase the cap on the senior and children drug plan by $5 per prescription to $20. This will result in $10 million in savings to the government. This was not a decision that was made lightly, but this change will help us to ensure that the future viability of the senior and children’s drug plan continues. The cap has not been increased since 2007 when the program was introduced, even as government’s drug costs have risen.

The senior drug plan began five years ago. When the program began, the government’s share of the cost of prescriptions represented just over half of the total prescription costs, 55 per cent. Seniors paid the remaining 45 per cent. This has changed over the past five years to the point where the government’s share had risen to three-quarters or 75 per cent of individual . . . with the individual contributing one-quarter or 25 per cent. With the increase from $15 to $20, seniors will pay approximately one-third or 33 per cent of the cost of their medication. The number of prescriptions for seniors is increasing, almost a 20 per cent increase over the past five years. We expect that the number of prescriptions will continue to increase as our population ages. The number of seniors eligible for coverage will also continue to increase.

Even with these changes, Saskatchewan will continue to have one of the most comprehensive drug plans in Canada. Our programs designed to assist low-income seniors, including those receiving the guaranteed income supplement and senior income plan support, will not change. Approximately 15,000 seniors receive these enhancements, enhanced benefits, and will continue to do so.

Standardizing special care home supply charges. Another change contained in this year’s budget was standardizing the fees for hygienic supplies in special care homes. Currently there is no standardization in charges for these supplies, and it is unfair as residents are being treated differently in what they are charged. This change to a standard $20 per month fee brings equity and equality and becomes effective July 1st, 2012. Most of the residents of special care homes, approximately 5,800, will not see any change or they will see their costs actually reduced. About 2,700 seniors who pay a lower fee, or no fee at all, will now be paying the $20 fee.

The senior citizens’ ambulance assistance program. The ministry has also increased its deductible under the senior citizens’ ambulance assistance program by $25 per trip to $275. This is the first increase of the deductible in 20 years.

As I said, these were not decisions we arrived at easily. We understand that fee increases are rarely seen as good news. We tried to strike a balance between ensuring the sustainability of the program and minimizing the impact that these changes will have on the people affected by them.

In a broader picture, I believe that the 2012-13 Health budget sets the stage for a very exciting year ahead. But we’re not just looking at the year ahead or a year into the future. I also will have mentioned about five-year strategic priorities that we will perhaps cover into the future, but that really concludes this year’s remarks on the 2012-13 budget. As I said, there are certainly strategic plans as we move ahead over the next five years, but that is a, I would say, brief outline — others who are listening would say a very extended outline — of the provincial budget for 2012. Be glad to take any questions that you might have.