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| Saskatchewan | 27e | 2e | Discours sur la santé | 15 avril 2013 | Dustin Duncan | Minister of Health | Saskatchewan Party |

Thank you very much, Mr. Chair, and members of the committee. Good evening. It’s a pleasure to be here, for Minister Weekes and I to be here to speak on the Ministry of Health’s budget and the estimates.

With us tonight are a number of officials from the Ministry of Health. I won’t identify everyone at the beginning. We’ll make sure that if there are new speakers that come up to the microphones that they identify themselves beforehand. But I do want to take a moment to introduce some of the senior officials that are here with us this evening. To my left is Dan Florizone, the deputy minister of Health. To my right is the associate deputy minister of Health, Max Hendricks. Behind us is Lauren Donnelly, the assistant deputy minister; as well, Duncan Fisher, the special advisor to the deputy minister. With them are a number of other officials who, as I said, will be able to assist us this evening with the 2013-14 Ministry of Health budget estimates.

I’d like to take a few moments to provide an overview of what we are doing this year to improve health care for Saskatchewan people. As you know, our budget theme this year is about balanced growth. Broadly this refers to using the province’s economic strengths and growth and sound fiscal management to improve the quality of life of all Saskatchewan people.

Saskatchewan is well positioned, but there is no doubt that this is a challenging but responsible budget. We are continuing on our path of controlling government spending and balancing the budget while making sure patients are well looked after. Fiscal responsibility is our foundation, a key part of our plan for growth to keep Saskatchewan moving forward.

With growth comes challenges. Growth can place a heavy burden on our health care system, and we are certainly seeing that with respect to capacity issues in our larger hospitals. At the same time, the provincial budget clearly reflects our government’s commitment to health care. As you’ll know, health represents the largest component of most public sector budgets, and Saskatchewan is no different. Health spending accounts for about 42 per cent of the total budget in 2013-14.

We are investing a record $4.84 billion in the health system this year. This is a 3.5 per cent increase or $162 million spending increase to provide strategic investments to improve the health of Saskatchewan people. We want to provide better access to quality health services while also recognizing that more efficiency in the health system is possible.

In terms of percentage increase, our health budget is not the highest among Canadian provinces this year nor is it the lowest. Alberta increased spending on health by 3 per cent in its most recent budget and BC [British Columbia] announced a 2.3 per cent increase. Manitoba’s budget will be delivered tomorrow. On the other side of the coin, Quebec’s health spending increased by 4.8 per cent in this year’s budget.

This major investment will support our highest priorities in the health system: shorter surgical wait times for patients; improved innovative primary health care; better access to physicians, especially for people in rural and remote areas; and more efficient patient-centred health services.

If I could break that down in very general terms how Saskatchewan’s residents will benefit from a 3.5 per cent increase: of health’s $161.7 million budget growth, 146.8 million is attributable to cost growth in base programming, including health sector salary increases, drug and medical costs growth, and program utilization changes; 50.1 million is due to population growth, new initiatives, programs, and service enhancements; and $19.4 million is attributable to capital equipment and facility investments. This will be offset by a $54.6 million reduction for program, service, and administrative efficiencies, and I will provide additional details about that shortly.

We are ensuring in this budget that priority programs are funded. At the same time, we are asking the health sector to build upon the significant work already done and continue to find innovative ways to alter the steep increase in health care spending. We are very focused in Saskatchewan on bending the cost curve and engaging and encouraging the regional health authorities to work together as one system, always bearing in mind that our overarching goal is to ensure that we are putting patients first. With that in mind, I’d like to focus on some of the key investments that we’ll be making in the health budget this year.

The province’s regional health authorities, which handle much of the day-to-day delivery of health care in the province, will receive a total of $3 billion in funding. This is an increase of $132 million or 4.5 per cent over last year. We have designated $29 million to help regional health authorities deal with pressures that come from a growing population. Very simply, more people means a greater demand for acute care and community services.

Health region funding increases vary from 1.8 per cent to 7.3 per cent, depending on each region’s particular needs. Some of the factors considered include collective agreements’ inflationary increases, funding provided for population growth, volume pressures and program expansions, the transfer of existing funding from other program areas to the RHA [regional health authority] base for established ongoing programs such as the surgical funding, and specific efficiency targets and other reductions. Health regions provide the day-to-day health services Saskatchewan people need, and all health regions have received a funding increase.

I’ll now speak about some of the ministry’s strategies to improve access to quality health services and how this budget reflects these priorities.

As you’re aware, one of the top priorities in health has been improving wait times for people who need surgery. We have made huge strides, having started with some of the longest wait times in the country. Since November 2007 there are 61 per cent fewer people waiting more than six months for surgery and 46 per cent fewer people waiting more than three months for surgery. Ninety per cent of patients who had surgery between August 1st, 2012 and January 31st, 2013 received their procedure within six months; 78 per cent received it within three months.

In budget 2013-14 we are building on that momentum by investing a total of $70.5 million in the Saskatchewan surgical initiative. This is an increase of $10 million over last year’s budget. The money we’re investing in the surgical initiative will provide for an additional 7,000 surgeries and improve the quality and safety of patient care.

Most of the province’s health regions are on track to meet our goal that all patients are offered a date for surgery within three months of seeing a specialist by March 31st of 2014. Regina Qu’Appelle is not going to hit this target for a number of reasons, but we fully expect Regina Qu’Appelle to achieve the three-month target. It’ll likely take that region an additional year.

We place a great deal of importance on caring for cancer patients. In this past year, we expanded the screening program for colorectal cancer to every single health region in the province. The 2013-14 budget includes $150.7 million for the Saskatchewan Cancer Agency to provide enhanced cancer care services. Again that’s a significant $12 million increase over last year or 8.6 per cent; $4.4 million or 3.2 per cent to ensure timely access to treatment for an increasing number of patients; $3.8 million or a 2.7 per cent increase for increased drugs and medical costs; $1.9 million or 1.3 per cent for other non-salary costs; and $1 million or 0.8 per cent for increases to colorectal and breast cancer screening programs. That will be offset by expenses. These expenses will be offset by $3 million or 2.2 per cent in savings from increased efficiencies.

Cancer patients will also benefit from the new PET/CT [positron emission tomography/computed tomography] scanner at the Royal University Hospital. This diagnostic tool is used primarily in planning for effective treatment for patients with cancer and can provide information that other diagnostic tools cannot. Because Saskatchewan has not had its own PET/CT scanner, patients from this province have had to travel out of province for these scans. In 2011 we announced a $6 million investment to bring PET/CT scan services to Saskatoon, $4 million of that coming from government and $2 million of that coming from the Royal University Hospital Foundation. Renovations and insulation began later that year, and we expect that the PET/CT scanner will be operational early in this fiscal year. Accordingly this budget invests $3.7 million in operational funding for the PET/CT scanner, which includes $1.7 million to procure the specialized medical isotopes required for the service.

I’m pleased to note that the PET/CT scanner is far from the only investment that we’re making in health care infrastructure this year. A total of $163.9 million have been included in health’s 2013-14 budget to continue investments in health care infrastructure. We are investing in facility and equipment improvements that will benefit patients and staff in health regions across the province.

In the 2013-14 budget year, $121 million will be invested in government-owned or co-owned capital. This includes $50 million for design and construction of the replacement hospital for Moose Jaw. The new hospital in Moose Jaw will be truly a patient-first facility, with a model of care and facility design that allows for services to come to patients rather than requiring them to travel throughout the facility. Site work is beginning this spring and the expected completion date is December of 2014. This new hospital in Moose Jaw will have 115 acute care rooms and treatment spaces. It will be the first fully lean facility completed in this province, and patients and staff have been heavily involved in the design of this facility.

The 2013-14 budget invests $85.5 million in the work progressing on the long-term care replacement projects. The third party capital budget also includes $14.7 million for repairs to our health care facilities. That money will be used to replace or upgrade things like fire alarms, sprinkler systems, nurse call systems, generators, roofs, windows, and other structural work.

Of course we’re not just investing in bricks and mortar; we’re investing in the providers who care and who deliver that care as well. The province’s 2009 physician recruitment strategy is paying off with overall physician numbers increasing and physician turnover decreasing. As of March of 2012, there were 1,985 physicians licensed in Saskatchewan. That’s more than 270 physicians practising in Saskatchewan today than compared to just six years ago, and the turnover has decreased by 2.8 per cent.

Since the release of the physician recruitment strategy we are training more doctors, recruiting physicians through Saskdocs, working harder to retain Saskatchewan-educated medical students, and opening our doors to qualified IMGs [international medical graduate] through our new assessment program, the Saskatchewan international physician practice assessment or SIPPA. Through SIPPA, the Saskatchewan-based assessment program to assess foreign-trained physicians, 54 have successfully completed the assessment with 94 per cent of these physicians practising in a rural or regional community.

I’d like to highlight some of the key initiatives that is driving our success. Our agreement with the Saskatchewan Medical Association is one of the best in the country. It has strengthened recruitment and retention efforts through fee increases and programs aimed at attracting and keeping physicians in the province.

We have continued to support a strong and viable College of Medicine to meet our health provider training needs, our research initiatives, and the delivery of clinical services to the people of Saskatchewan.

Saskdocs, our physician recruitment agency, has been working hard and has participated in numerous provincial, national, and international job fairs. Most recently Saskdocs was part of the government’s job mission to Ireland.

This year’s budget contains $17.8 million, an increase of $2 million, to support postgraduate training seats, to help boost physician numbers in Saskatchewan, and improve access for residents.

Also shortly before the budget we announced the rural physician incentive program, and we’ve set aside $250,000 to fund the initiative for this first year. This initiative will provide a total of $125,000 over five years to recent graduated physicians who practise in rural Saskatchewan. Physicians will receive the payment at the end of each year of practice. This incentive is designed to ease the financial burden for physicians who finish their years of study with a large debt load, and it will complement our other efforts to address physician shortages in underserved rural areas. Those efforts include enhancing distributed medical education, essentially providing opportunities for medical students and postgraduate students to train in communities other than Regina and Saskatoon. Currently residents are training in Prince Albert, Swift Current, and La Ronge. Residents will also be trained in North Battleford as of July of this year, and we have planned expansions to Moose Jaw in 2014, with further distribution in further years.

We also support the family physician comprehensive care program, which is a part of our SMA [Saskatchewan Medical Association] agreement which provides incentives for family physicians who provide a full scope of practice.

All of these initiatives are connected to our broader goal of improving health services in rural Saskatchewan. We are making a $23.6 million investment to help accomplish this. This includes $3 million, an increase of 1.5 million, to support the implementation of a 20-physician locum pool to serve rural areas. The locum pool will support patient access to physician care by handling the duties of physicians who are temporarily away from their practice.

In last year’s budget alone, we provided funding for the first five full-time locum positions at $1.5 million. This year we are investing $3 million for rural locums, an increase of 1.5 from last year’s budget. Once the four-year plan is fully implemented, we will see 22 full-time locum positions. After getting a few of these locums in place, the program showed success and the health regions appreciate having funding to specifically provide rural locum coverage. We have had discussions with both the Saskatchewan Medical Association and our health regions to decide how to best design our locum pool. The SMA does operate their own short-term locum program and we know that they will continue with that work but we’ve decided to create our locum pool with region-based locums.

Additionally we’re investing $10.5 million in continued supports to the STARS [Shock Trauma Air Rescue Society] helicopter ambulance to enhance emergency coverage. STARS now operates 24-7 from bases both in Regina and Saskatoon and has flown approximately 370 missions, transporting over 250 critically injured or ill patients in the province. STARS commenced operations in Regina on April 30th of last year at noon and began flying 24-7 on July 30th that same year.

Services began in Saskatoon on October 15th of 2012 and STARS commenced 24-7 services out of Saskatoon on February 25th of this year. STARS works in partnership with our ground ambulance operators, first responders, and our fixed-wing air ambulance Lifeguard to provide the best in critical care and transport of those in need in rural and remote areas of the province. As well this budget includes $1.3 million for construction of a helipad at the Regina General Hospital.

We’re also investing $9.8 million, an increase of 4.3 million, for innovative approaches to improve access to primary health care, including the introduction of collaborative emergency centres to improve health services for Saskatchewan people. CECs [collaborative emergency centre] are designed to enhance access to high-quality, comprehensive primary health care and consistent emergency care through a team of health professionals. This year’s budget provides $9.8 million for primary health, as I said, a $4.3 million increase from last year. This increase in primary health funding will allow us to establish four to five collaborative emergency centres in rural Saskatchewan in this budget year.

We know that maintaining 24-7 emergency coverage is one of the biggest challenges in our rural communities, so we looked around the country for a model which could alleviate some of these pressures. Last September a delegation of Nova Scotia officials came out to Saskatchewan to make a presentation on what they were doing to address this concern, to other health regions and health care providers and municipalities. As well, Minister Weekes travelled to Nova Scotia to see them first-hand.

The model used in Nova Scotia has proven to be successful at alleviating waiting lists, actually reduced emergency room visits, provided predictability, and overall improved access for patients. The Nova Scotia CECs are staffed by a primary care paramedic and a registered nurse, with access to an emergency doctor via telephone. We are looking at this time at how we can adapt this model to make it more effective for Saskatchewan needs. The model will be flexible to adapt to the needs of individual communities and it represents the kind of team-based approach that we’re looking for in Saskatchewan. We know that there are communities in Saskatchewan that are ready to innovate and we hope to have the initial site up running late spring, early summer.

Another priority for health in this budget is improving services for seniors. The 2013-14 budget includes an incremental $3.1 million investment in some targeted initiatives that will benefit seniors in the province. The biggest part of that is $2 million for a new Home First/Quick Response home care two-year pilot here in the Regina Qu’Appelle Health Region. This program helps prevent avoidable hospital admissions, facilitates earlier hospital discharge, and provides crisis intervention in the community. The program may include such things as short-term case management, medication management, skin and wound care, mobility aids, rehabilitation, and other support.

Also included in the new money for seniors is $750,000 to fund 24 additional beds at Pineview Terrace Lodge in Prince Albert. This will assist the region in reducing wait-lists and better meet the increased demand for care.

I’m also pleased to note that the budget contains an additional $350,000 for expansion of the Alzheimer Society First Link program, a significant enhancement to the previous funding of $50,000. This $400,000 total investment will benefit individuals living with Alzheimer’s and related dementias, of course, as well as their families. This new funding will support expansion of the First Link program to four additional sites — North Battleford, Swift Current, Estevan, and Prince Albert — as well as establish six dementia advisory networks to improve the system of care and support for people with dementia, their families, and caregivers. We have worked collaboratively with the Alzheimer Society in identifying the additional sites, based upon their work with existing dementia advisory networks.

In the past, the cost of health care has risen faster than the rate of inflation. Since this administration took office in 2007, health budget increases averaged 6.2 per cent. Clearly this is not a sustainable path. We must, as a system, continue to find efficiencies. Regional health authorities have done tremendous work in this regard and we are asking them to keep pressing for these savings.

But where are those savings supposed to come from? They will be achieved through the application of principles like lean and administrative efficiencies. Fifty-one million dollars savings are to be achieved by regional health authorities. This includes $43.6 million in general efficiencies such as shared service models utilizing group purchase discounts and reduced duplication, and general efficiencies through initiatives such as lean that streamline processes to remove non-value-added steps.

As well, we are expecting regional health authorities to find $7.2 million for improved attendance support, to reduce overtime costs, sick time productivity losses, and workplace injuries. We are also asking the Saskatchewan Cancer Agency to find $3 million in savings through greater efficiencies and better coordination of services and purchases.

We know that this will be a challenge. It will require a great deal of commitment and leadership, demonstrating our goal of better health, better care, better value, and better teams for our patients. And we know the people in our system are up to that task. Their commitment to quality improvement was demonstrated once again by the success of the third quality summit hosted here in the province last week. More than 600 people attended, including front-line providers, managers, and senior leaders. I think that that underscores the value that people see in quality improvement.

Even more remarkable, it is my understanding that more than 60 patients participated, the most ever. This speaks volumes about the importance of patients in health system transformation and their high level of interest. That’s exactly how we started our journey to transform the health system, with the concept that the patient comes first and needs to be actively involved. That principle is driving quality, safety, and service improvements throughout the system and at the front lines where services occur.

As you are aware, the improvements made in our health system are making a difference for patients and will continue to do so. Within the ministry, the investment in lean management system is already paying off and benefits will grow significantly in the coming years.

It takes time and resources to embed lean methodology across the system. The Ministry of Health has invested approximately $10.5 million from 2008 to January 2013 in lean. These costs benefit the entire provincial health system. The Ministry of Health has saved almost $16 million from 2008 to January 2013 from these lean initiatives, including $14 million in the blood products system, $1.3 million in vaccine management, and $570,000 through laboratory initiatives. In addition, $30 million in capital cost savings have been achieved through application of lean to facility design of the Saskatchewan children’s hospital.

In the past year, we’ve worked hard to embed lean into the system and this will mean more efficiency gains in the future. Long-term commitment to lean has achieved dramatic success in many sectors, including health care. We’re confident that we can continue to achieve that both in the ministry and throughout the system. Lean is very much driven by the people who work on the front lines of the health system. Whether it’s operating teams in Regina or food services in Yorkton, lean has empowered people in the system to innovate, eliminate waste, and improve the patient and provider experience. Their efforts and support in identifying and leading key transformation initiatives will continue to make a difference as we move forward together to improve health care for all our residents.

To date, close to 300 lean initiatives have been launched by health regions, the ministry, and the Saskatchewan Cancer Agency. These include, among others, patient flow, laboratory services, medication administration, and patient safety. Results have been promising. We’re seeing shorter wait times for patients, improved patient safety, and streamlined management of our blood supply. We know that they will serve patients better and we are hearing repeatedly from patients and family that we are on the right track. And we believe in what we are doing.

We should all be inspired and enthusiastic about what we have achieved and what we will achieve here in Saskatchewan. We are already health care leaders in Canada in so many areas and our health system is only getting better, but we continue to strive to work together as one system and always put the patient first.

In closing, Mr. Chairman, and members of the committee, I am incredibly grateful to have the opportunity to serve in this role at such an exciting time in the health system. I am grateful for the hard work of the people that work in my office and the Ministry of Health.

We would be very pleased to take your questions. Thank you.