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| Saskatchewan | 27e | 3e | Discours sur la santé | 10 avril 2014 | Dustin Duncan | Minister of Health | Saskatchewan Party |

Thank you very much, Mr. Chair, and members of the committee, for the opportunity to speak about the Ministry of Health’s budget for the 2014-15 fiscal year.

As you can see, there are a number of officials with Minister Weekes and I. I won’t introduce all of them at this point, but I do want to take a few moments to introduce some of the senior leadership from within the ministry. So to my right is Max Hendricks, the deputy minister of Health. Behind Minister Weekes and I is Sharon Lee Smith, the assistant deputy minister; Mark Wyatt, acting assistant deputy minister; and Tracey Smith, acting assistant deputy minister. And as I said, we’re joined by a number of officials that’ll be able to help us answer some questions. If they do come to the mike, we’ll just have them introduce themselves, if they haven’t already been introduced. And we are looking forward to taking questions from members this afternoon.

Before we start, with the committee’s indulgence I’d like to take a few moments to highlight the key investments that we’re making this year to improve health care for the people of Saskatchewan.

This year our budget theme is steady growth. Our government has been tasked with continuing to meet the needs of Saskatchewan people. We are doing so at a time that our province is experiencing record growth. In health care this certainly presents certain challenges as we strive to ensure care needs are met. Strong population growth means increasing demand for health care services. Historically governments across Canada of all stripes have struggled with how to control health care costs. It’s why we as a government have placed such a focus on our quality improvement efforts.

I will elaborate on that shortly, but let me say at the outset, the Ministry of Health’s budget supports our patient-first philosophy through improved quality and safety, expanded access to services, and shorter wait times. And we’re doing this while controlling spending.

This fiscal year the Government of Saskatchewan will invest just under $5 billion in health care, a figure that represents approximately 42 per cent of the provincial budget. This is a significant amount, to be sure. It’s the most the Government of Saskatchewan has ever invested in health care and it represents a 3 per cent or $144 million increase over last year’s budget.

We continue to focus on using resources responsibly in priority areas that will make the greatest difference in improving quality of life for Saskatchewan people. We’re investing in services and facilities to improve seniors’ care. We’re supporting rural physician recruitment and more collaborative emergency centres. We’re funding key capital projects and surgical services. We’ll also support government commitments like providing funds to reduce emergency department wait times and improved patient flow.

We’ll develop new pilot projects on house calls for seniors with complex needs, and the development of the hot-spotting concept. The budget focuses on initiatives that increase access to health services and allow us to work smarter and more efficiently. Of Health’s $144 million budget growth, 128.2 million or 2.7 per cent can be attributed to cost growth in base programs, including health sector salary increases, drug and medical cost growth, and program utilization changes. 43.7 million or point nine per cent is a result of population growth, new initiatives, programs, and service enhancements. 24.1 million or point five per cent will be put towards capital equipment and facility investments.

At the same time, we continue to ask for the leadership of the Ministry of Health and in the RHAs [regional health authority] and the Saskatchewan Cancer Agency to be careful stewards of these health care dollars. Efficiencies will continue to be found through share of services, attendance management, and reducing costs incurred due to premium and sick time. Of course we will continue to find efficiencies through the continued implementation of lean in the health care system.

I need to make it clear that while we know investing in lean and doing it properly saves money, that’s not what lean is truly about. The true focus is on improving quality and safety through better processes and reduced waste. When applied to a health system like ours, it means safer care, a better patient experience, and an improved work environment for providers. As we remove waste from the system, the increased efficiency and dollars saved are actually an added benefit.

Anyone can see that our provincial health care system is large and complex. To apply lean successfully, we know we have to build the internal capacity, infrastructure, and overall cultural organization. This has been done successfully before. Lean is used extensively in health systems to improve processes and efficiency. There is no question government is making a significant investment in embedding lean in our provincial health system. But the amount invested annually over a four-year contract is approximately one-fifth of 1 per cent of our provincial health budget; one-fifth of 1 per cent to reduce waste, to empower providers, and to make the patient experience better and safer. We are confident that it is money well spent. The investment in lean has already paid off and the proof is in the dozens and dozens of examples of improvements that have occurred, both big and small.

What makes our lean efforts work is that they are driven by those closest to the problem, the patients and the front line. They are the ones taking part in improvement efforts and events, and they are developing the solutions. As a result we see improvements like reduced MRI [magnetic resonance imaging] cancellations in Regina, quicker access to X-rays in Saskatoon, and shorter waits for mental health and addictions services in Five Hills Health Region.

Mistake-proofing projects are helping us to achieve efficient, safer processes that make patient experiences smoother. Eliminating mistakes saves lives. Dozens of these projects have reduced the mistake or defect rate to zero or less than 1 per cent. Not only are these projects reducing the risk of harm and potentially saving lives, they are also saving the system money.

The province’s RHAs, which handle much of the day-to-day delivery of health care in the province, will receive a total of $3.25 billion in funding. This is an increase of 107.5 million or 3.4 per cent over last year. Included in that is $38.7 million for paying health care workers and another 41.5 million for inflation on non-salary items.

We’ve also designated 24 million to help the regional health authorities deal with the pressures that come from a growing population. The province continues to grow and that continues to put pressure on the health system. The range of increases for the RHAs will depend on a variety of factors like collective bargaining agreements and inflationary increases, funding provided for population growth, volume pressures and program expansions, the transfer of existing funding from other program areas to the RHA base for established ongoing programs — for example, the surgical funding — and specific efficiency targets and other reductions. The budget provides $155 million for the cancer care delivered by the Saskatchewan Cancer Agency. This is an increase of 4.9 million over last year. This is a result of increased drug and medical costs, compensation increases, and increases in hematology programs. Another part of our investment in cancer care is $1.9 million for a new linear accelerator at the Allan Blair Cancer Centre here in Regina.

As members will know, over the past few years our health system has focused on how we can improve access to quality health services. Obviously a major example of this was the four-year Saskatchewan surgical initiative which dramatically improved waiting times for surgeries after a specialist referral.

We inherited the longest wait times in the country. Now 80 per cent of patients in the province are offered a surgical date within three months of seeing a specialist. As of January 31st, 2014, five regions had zero patients waiting more than six months. Saskatoon and Regina Qu’Appelle have made strong progress, but encountered challenges that meant that they did not fully achieve the target by March 31st. But we do expect Saskatoon to meet the target this fall and Regina Qu’Appelle by March of 2015.

In this year’s budget we’re investing $60.5 million in surgical services to sustain our gains and support achievement of the three-month wait time target in Regina and Saskatoon. The majority of this funding will cover the cost of surgeries. However, investment will continue in health system quality and safety improvement initiatives.

With the surgical initiative wrapping up, we are turning our focus to some other areas that we see significant room for improvement. We’re investing $4 million towards efforts that will help achieve government’s goal that by March 31st, 2017, no patient will wait for care in the emergency department. That money will be put toward a number of areas.

One of those is a partnership with police and crisis teams to help respond better and earlier to individual’s and families’ mental health issues through improved assessment, triage, and intervention. This will help eliminate inappropriate visits to the emergency department.

We’re also investing in ways to reduce the number of patients coming to emergency rooms with less urgent and non-urgent needs. This will include initiatives to connect patients without a family doctor to community primary health care teams. Other areas of investment include acute care flow and data and reporting infrastructure.

Another initiative to help relieve pressure on emergency departments is a pair of pilot projects of a concept known as hot-spotting. We’re providing $1.4 million in new funding to these pilot programs in Regina and Saskatoon. The goal is to identify and assist high-cost, high-use patients who are repeatedly hospitalized and show up in emergency departments. The initiative will connect patients who are not well served by the current system with appropriate services.

We know these patients exist and this an area worth investing in. We’ve seen numbers that show that 1 per cent of patients account for 21 per cent of all provincial hospital costs, and 5 per cent of patients account for 40 per cent of all provincial hospital costs.

Hot-spotting programs in other jurisdictions such as Ontario have successfully demonstrated that small, innovative clinical teams dedicated to frequent users of health care can achieve real results for these patients. In addition to the patients receiving more appropriate care, the system potentially saves money.

Another initiative that could potentially relieve some pressure on emergency departments is a seniors’ house call program. This year’s budget invests $800,000 in a seniors’ house call pilot program. The goal is to enable some seniors with complex issues to receive house calls from a mobile outreach team. We’re going to improve care for seniors by providing more home-based primary health care services to the frail elderly. Accessing primary health services can often be difficult for them. The result is that they end up making more visits to the ER [emergency room] and end up in hospital.

Seniors with complex issues will receive house calls from physicians, nurse practitioners, and other care providers. These pilot projects will take place in a location to be determined later this year, one urban and one rural site. The goal is to provide better coordinated, optimized care for elderly patients. Ideally this will result in better health outcomes, fewer hospitalizations and emergency department visits, delaying or preventing the need for institutionalized care.

There are other ways that we are supporting seniors in the budget. We’re providing 3.7 million in funding for ongoing pressures in 2014-15 and beyond as a part of the Urgent Issues Action Fund. This is in addition to the 10.04 million in one-time funding that was provided last fiscal year. That paid for priorities like the purchase of required equipment, improved nutrition, improved responsiveness to call bells, and training for providers who care for residents with dementia.

This year’s budget also provides an additional 2.5 million to expand the Home First/Quick Response home care pilot program to both Saskatoon and Prince Albert Parkland health regions. This is a program that was first piloted in Regina Qu’Appelle. This brings the total annual investment in Home First/Quick Response to 4.5 million among the three regions. The program helps prevent avoidable hospital admissions, facilitates earlier hospital discharge, and provides crisis intervention in the community. Services may include short-term case management, medication management, skin and wound care, mobility aids, and rehabilitation.

We know that seniors want to stay in their homes for as long as possible, so we’re helping them do that with innovative initiatives like Home First and seniors’ house call. But we also recognize a need for additional long-term care capacity in the province. This year’s Ministry of Health budget includes 1.5 million, which is an increase of $750,000, to provide 24 additional beds at Pineview Terrace Lodge in Prince Albert. Pineview Terrace operates 36 beds, but the additional operating fund will bring that total to 60. The new beds will help the region reduce wait time, wait-lists, and better meet the increased demand for care.

And as long as I’m on the topic of long-term care, another area that there is a definite need for additional capacity is in the North. This year’s budget provides $500,000 in planning dollars for long-term care in La Ronge. The new long-term care project for La Ronge will be a tremendously important one for the entire North, so we believe it’s important to get that one right.

There’s also a growing need for additional long-term care capacity in Regina, so the budget contains $1 million in planning dollars towards that. Much like in La Ronge, the money will pay for planning work to move this initiative forward.

Beyond long-term care, the budget also provides $2 million for planning renewal of the Victoria Hospital in Prince Albert. Victoria Hospital is one of the busiest acute care facilities in the province. In addition to serving the third-most populated health region, it also serves a substantial number of patients from the surrounding health regions. And there’s no question the hospital is showing its age. It was built in 1969, and the facility has seen incremental growth and various additions over the last 40 years, but it is struggling to meet the current demands. As an example, the obstetrical unit was designed for 1,000 births per year. But currently, care is provided to over 1,500 mothers and babies per year. This work will build on previous planning work completed, taking it to the next level.

So we’ve talked about planning for future facilities. Our budget also funds a number of facilities that are much more closer to completion. It’s very exciting to think that next year at this time we could be discussing the newly opened Moose Jaw hospital. In this year’s budget, we are providing $16 million for completion of that facility, the first hospital in Saskatchewan designed according to lean principles. The lean design is expected to provide operational efficiencies of 85 million to $160 million over the next 20 years.

We’re also funding other facilities, specifically $27.3 million for five long-term care facilities in Biggar, Kelvington, Kipling, Maple Creek, and Prince Albert. As you will know, these five facilities are a part of the 13 long-term care homes or integrated facilities that the government promised to replace. Also included in this year’s capital budget is $8 million for upgrades and repairs to Parkridge Centre in Saskatoon.

Another $23.3 million will go towards life safety and emergency repairs. This funding will pay for maintenance and repairs to improve safety in our health care facilities. Some examples of projects include upgrades or replacements of fire alarm systems, fire protection sprinkler systems, standby generators, and bringing building components up to code. Other infrastructure improvement projects include containment or removal of hazardous material, roof replacements, window replacements, and structural work. Regional health authorities will determine which projects will be undertaken based on their determination of their highest priority.

Since 2007, our government has invested $980 million in health system capital projects — major projects, building improvements, and equipment upgrades — and this year’s commitment will push that to over $1 billion.

New facilities and equipment are important, but what really makes the health system work are the hard-working people who deliver care. We’re investing in health providers as well. We can see the positive impact of our physician recruitment strategy as overall physician numbers continue to increase. Over 300 more physicians are practising in Saskatchewan today compared to 2007. We’ve achieved that through effective recruitment and retention efforts, training more doctors here in Saskatchewan, and through our made-in-Saskatchewan physician recruitment program, SIPPA [Saskatchewan international physician practice assessment], which has brought 113 new physicians to Saskatchewan since 2011.

This program is helping to stabilize physician services and reduce disruptions in many communities. It is resulting in greater continuity of care for patients. SIPPA has also addressed a long-standing issue for foreign-trained physicians who had difficulty becoming licensed to practise in Saskatchewan. It ensures that they’re assessed with sufficient rigor that Saskatchewan patients receive safe, high-quality care.

Even in light of SIPPA’s successes, we know that there’s still a need for physicians, especially in rural areas. The 2014-15 budget contains $685,000 in funding, which is an increase of $435,000 for the rural family physician recruitment incentive. This incentive is available to recent medical graduates who establish a practice in rural Saskatchewan. We believe this will help attract and retain newly graduated family physicians to rural and remote areas. Through this program, grants have already been provided to physicians who have established practices in places like Meadow Lake and La Ronge.

Another way we are dealing with the physician shortage in rural Saskatchewan is through our rural locum program. We are continuing to support a planned 20-physician locum pool that provides temporary physician services to rural communities experiencing service disruptions.

The 2014-15 budget provides $5.2 million in funding, a $2.2 million increase, to complete the implementation of this program. Ensuring that rural communities have access to consistent, stable physician services is one way that the government is strengthening primary health care across Saskatchewan.

We’re equally committed to our other health providers in our system, including nurses. Saskatchewan’s nursing workforce continues to grow. In 2012 there were over 15,000 nurses calling Saskatchewan home, 2,600 more than in 2007. Our ratio of nurses to population is well above the Canadian average. We continue to be committed to a strong nursing workforce.

Just last week, our government announced a new strategy on recruitment and retention of nurse practitioners. It will help to ensure high-quality primary health services for residents in smaller communities.

The budget also includes $13.1 million, an increase of 3.4 million, to spread other innovative approaches to improve access to primary health care. This will include the development of three additional collaborative emergency centres in Canora, Wakaw, and Spiritwood. The province’s first collaborative emergency centre opened in Shaunavon and in Maidstone last year, and we’re seeing promising results. Most patients who come during late hours are able to get the treatment they need right there in the community.

You may also recall the eight new primary health care innovation sites that were announced in 2012. They have been implemented with new models of team-based primary health care. These new models provide improved access through extended hours, new chronic disease management approaches, and new roles for providers. For example, we have registered nurse case managers who provide improved coordination and continuity of care by providing advice and support to patients outside of office hours.

Team-based primary health care allows physicians, nurse practitioners, and other providers to work to the top of their scope of practice. It also provides patients with access to better coordinated and expanded care. We will spread these team-based approaches to stabilize and enhance services, especially in rural Saskatchewan.

Our approach to strengthening primary health care reflects the Health ministry’s targeted and strategic focus. We look for areas where we can improve services for our residents and then work with the health sector to identify innovative solutions. We test those innovative solutions through pilot projects. If they’re successful, we expand them to other locations where they’re needed. We’ve asked the leaders in the health system to keep building on these successes. We believe that we can improve and transform the health system and do it in a sustainable way.

This year’s health budget supports the government’s plan for steady growth while remaining fiscally responsible. Our budget funds areas that will help us best meet the needs of patients and families. It invests in innovation to help address the pressures that we’re seeing in acute and long-term care.

We know that our system will not improve simply by pumping more and more money into it. We need to tackle some of the underlying and ongoing issues to ensure that we are successful in our efforts to improve access quality and safety. We need to have the courage to transform the system in a significant way. We’re doing that by empowering providers at the front lines and by involving patient and family representatives to an extent that’s never been done before. We’re doing this so that we can achieve a system that puts the patients and their families first.

This is a journey of transformation that is still in its early stages, but we’re seeing the benefits every day. As Minister of Health, it is so gratifying for me to see every day what is being accomplished by the hard-working people who make up Saskatchewan’s health care system. That’s why with this budget I’m very excited about the upcoming year. And with that, Mr. Chair and committee members, we would be pleased to take your questions.