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| ***Province*** | ***Législature*** | ***Session*** | ***Type de discours*** | ***Date du discours*** | ***Locuteur*** | ***Fonction du locuteur*** | ***Parti politique*** |
| Alberta | 23e  | 3e  | Remarques préliminaires à l'étude des crédits  | 16 mars 1995 | Mme Shirley McClellan | Ministre de la Santé | PC |

**Mrs. McClellan:** Thank you, Mr. Chairman and colleagues. First of all, I would like to acknowledge in the gallery the presence of a number of my officials from my department which, I must point out, have given yeoman service to the task of restructuring health and supporting us over this past year. Thank you.

Mr. Chairman, it's important to note with the 1995-1996 estimates that we will have achieved 83 percent of the reductions outlined in our business plan. This transition period certainly required change and patience from all Albertans. Let me emphasize one more time in this House that unless we do manage our resources more effectively and more efficiently, we will be or would be forced to make more difficult decisions later on.

Our three-year business plan sets out our general themes which are guiding the restructuring. These are regionalization, consultation, consolidation, co-ordination, accountability, and affordability. Since their appointments last summer each of the 17 regions in our province have been working very hard to restructure how they deliver health services in their own community within the business plan framework. They've certainly faced enormous challenges, and I think they've done a very commendable job and have risen to the task. Mr. Chairman, this is because the members of these authorities, wherever they are in this province, have a tremendous dedication to their community and have given up much of their personal time for a job which is paid almost, we could say, a pittance, certainly at an honorarium level.

Mr. Chairman, the one other area I want to comment on before allowing to hear from my colleagues in the House is the reallocation of the funding discussed during our supplemental estimates, actually, for 1994-95. To help the regions deal with the period of transition, we have allocated an additional $40 million to the regions. Of course, this is onetime funding and does not fall within the estimates that we are going to discuss today, but I thought it was important that we note that. Also, these funds were transferred from unexpended capital funds from Public Works, Supply and Services. All members know that we have had a freeze on major capital in this province for about 18 months and will continue to have a freeze on major capital until a complete provincial plan for capital is available.

Mr. Chairman, inherent in the 1995-1996 estimates is that health restructuring requires a lot more than simply talking about closing beds or converting beds. I don't think we should become so fixated on bed costs. I think that, instead, we should be challenging the system and saying: is it meeting the needs of our communities and is it keeping us healthy? That means keeping us out of hospitals in the first place. Probably the most singular change that people will note in the new system that the regions have set the plan and design for is that it is a move from the institutional base to the community and of course from a treatment model to a wellness model. I think everyone in this Assembly agrees with that move. To support that, of course, we have allocated $110 million a year ago, having disposed of $30 million of that to the regions in the first year. The part we will talk about in our estimates today is $40 million for this budget year, and there will be a further $40 million in the next budget year, but we will wait until we have advice from the funding committee to see how that $40 million should be distributed.

Mr. Chairman, I think it's worthy to note that new drugs, new therapies, new procedures, indeed new attitudes, and other developments means that we can remove a great deal of our reliance on hospitals and look to alternate ways of delivering health services, ways that are less expensive but equally effective and certainly, I would hope, more convenient and more useful to consumers of our health services. The evidence to support this continues to mount. We're continually asked for what studies show that we can do these things, and I would draw members' attention to a much referenced report by the University of Ottawa called Sustainable Health Care for Canada which found that 15 percent savings could be found simply by shifting to less costly modes of delivery with no reduction in health status. Mr. Chairman, that is exactly what we are doing in Alberta. That is exactly what our plans have been developed to. This report not only validates the movement of more services into the community but also indicates that spending reductions are reasonable and not necessarily a reduction in care. I think these are very important messages.

The last comment I would have is that I would encourage all members in this Legislature from both sides of the House to work towards restructuring our health system, to work towards having a health system that can be sustained in this province for the good of all of our citizens. I believe the issue of health and how the services are delivered in this province go beyond partisanship, and I am certainly prepared to work with my colleagues in this Legislature to ensure that health services are here for all Albertans not only today or tomorrow or next week but many years and decades into the future. I think that has been demonstrated by the words of the Prime Minister of Canada, who has indicated that we can simply not continue to go along the way we have, that we do have to make some tough decisions, but by working together, we can make those decisions that will be in the best interests of all who use our services.

Mr. Chairman, with those comments I would look forward to the comments and questions from my colleagues.