STANDING COMMITTEE ON HUMAN SERVICES

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STANDING COMMITTEE ON HUMAN SERVICES

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[The committee met at 19:00.]

The Chair: — Good evening, everyone. The time being 7 o'clock, I'd like to take a minute to introduce our committee. I'm Greg Lawrence. I'm your Chair. We have Ms. Beaudry-Mellor, Mr. Fiaz, Ms. Wilson, Mr. Parent, and Ms. Chartier chitting in for Ms. Rancourt.

General Revenue Fund
Health
Vote 32

Subvote (HE01)

The Chair: — We'll now resume our consideration of the estimates for the Ministry of Health. We'll continue our consideration of vote 32 Health, central management and services subvote (HE01). Minister Duncan and Minister Ottenbreit are back with their officials. Ministers, please introduce your officials and make your opening comments. And if someone is, other than yourself or the ones you introduce, is answering questions, would they please identify themselves.

Hon. Mr. Duncan: — Thank you very much, Mr. Chair. Good evening to committee members. To my right is Deputy Minister Max Hendricks. He's joining Minister Ottenbreit at the table here, and if we do have other officials, we'll have them introduce themselves.

I don't have any opening comments other than to say that we do have some answers to some follow-up questions. Not everything that we had discussed the other night — we're still compiling some of the information for some of the answers — but I will be tabling with committee members the top 20 prescriptions for seniors in the province. To note, nearly 43 per cent of all prescriptions are made up of these 20 on this list. So I will table the list rather than reading them all into the record.

As well I have some information in terms of the demographic funding that has been provided in the past. In the 2010-2011 fiscal year, $10 million was provided to RHAs [regional health authority]. In 2011-2012, it was an additional $10 million. Then in 2013-14, there was $28.9 million that was provided. In 2014-2015, there was $24 million provided. In total $73 million has been provided since the 2010-2011 fiscal year.

And there was a question about the preliminary cases, the 2015 preliminary cases of new HIV [human immunodeficiency virus] numbers in the province. Fifty-nine of those were in the Saskatoon Health Region. The breakdown of those are: 80 per cent would be considered in urban populations, 20 per cent in rural areas of Saskatoon Health Region. Forty-eight new cases in Prairie North Health Region, 75 per cent of that would be considered urban, 25 per cent rural.

Regina Qu'Appelle Health Region, 26 cases and 73 per cent of that was urban; 27 per cent of those cases are deemed to be in rural areas. And then the remaining 26 cases are considered in or come from the other RHAs, and we'd consider those . . . We don't break those out because we're dealing with smaller health regions, and it increases the ability to start identifying people, so we'll just leave those as other RHAs.

The Chair: — Ms. Chartier.

Ms. Chartier: — Thank you for that, Minister Duncan. I think we'll start with some mental health questions. And we had a little bit of a discussion earlier, but I had asked some written questions around psychiatric services in various northern health regions. I'm wondering, so in Keewatin Yatthé Health Region, you provided an answer with three doctors providing services. I'm wondering if all of these doctors saw patients in person.

Can I simplify that? I think what I'm going to do is go through all three of those regions, and so I'm wondering that same question for all three of them.

Hon. Mr. Duncan: — Thank you for the question. So for all three of the health regions, the physicians did provide services in person. There is one physician that is looking at expanding into providing services remotely, using technology, but in the past year it has been in-person services.

Ms. Chartier: — All three of them, were all of those visits in person then? I'd like to break out how many were remote and how many . . .

Hon. Mr. Duncan: — So as far as we can tell, it was all in-person visits.

Ms. Chartier: — Okay. And how many visits were there in total in those regions?

Hon. Mr. Duncan: — Thank you for the question, Ms. Chartier. So I think the information that I have this evening is the information that you would have from the written question. So I can, if you want, go through the number of days typically that was provided by the different physicians that are going to those communities. We would have to check further with the region and with our medical services, northern services to find out the challenges. Not every client attends their allotted appointment. And so I can tell you how often they visited the communities, but we'd have to dig in further to find out how many visits actually took place, how many slots were open versus how many clients attended.

Ms. Chartier: — That would be good, yes, for each of those regions. Is that broken out?

Hon. Mr. Duncan: — Okay. Yes, we should be able to provide that with the committee. Yes. I don't have that right on me. I know the communities they visited and what typically their schedule was, but we'll have to drill in further to see how often the appointments were.

Ms. Chartier: — So you don't have in front of you the number of visits. What information do you have in front of you?

Hon. Mr. Duncan: — Thank you for the question, Ms. Chartier. So I will attempt to begin to answer the question although we'll have to go back and do some further information. I can give you tonight the patient count and the number of contacts for the fee-for-service psychiatrists that have been engaged in those three health regions. However not all the physicians would be on fee-for-service. Some are on

contract or other alternative types of payment. So this is just for one subset of the psychiatrists that would be engaged in northern Saskatchewan.

So in the Athabasca Health Authority, 43 is the patient count, and the number of contacts is 239. Keewatin Yatthé . . .

Ms. Chartier: — Sorry, this is for 2015-16 or what are the . . .

Hon. Mr. Duncan: — Sorry, these are for '14-15.

Ms. Chartier: — Is that the most up-to-date numbers that you have?

Hon. Mr. Duncan: — It would be the most up to date that I'd have this evening.

Ms. Chartier: — That you have. But those numbers . . .

Hon. Mr. Duncan: — So for fee-for-service, we'd be able to provide the '15-16, and we'll endeavour to get that, but I think this will give you some context.

Ms. Chartier: — Sure, yes.

Hon. Mr. Duncan: — So Keewatin Yatthé, 66 patient count, and number of contacts is 256. And Mamawetan Churchill, 249 is the patient count, and number of contacts is 1,345. And again that's just through fee-for-service. We'd have to cross-check to see whether or not all of the psychiatrists that are in the answer to your written question, all of those are fee-for-service. I can't tell you that tonight. We'd have to check to see whether or not they would be fee-for-service or perhaps on a contract. But we'll endeavour to provide information to the committee to clarify that.

Ms. Chartier: — Okay. So just to clarify though that the doctors in this written question for '15-16, these are the only doctors providing these services. We've got Dr. Ramachandran, Dr. Ogunsona, and Dr. Taj in Keewatin Yatthé; and then Mamawetan Churchill, Dr. Odogwu, Dr. Taj, Dr. Shurshilova; and then Athabasca is Dr. Shurshilova. Or are they different psychiatrists for that '14-15 year?

[19:15]

Hon. Mr. Duncan: — Thank you for the question, Ms. Chartier. So we'll work to clarify just the difference between the numbers that you would've, or the information that you'd receive for '15-16. We'll make sure that we . . . We never defined the corresponding '15-16 numbers. And again there is a difference between those that are practising fee-for-service, those that are on contract. But we'll make sure that we're clear on that.

Just to be clear, so Dr. Ogunsona does provide services in the community two days every three months in La Loche, Ile-a-la-Crosse, Buffalo Narrows, and Beauval. And that's going to continue into 2016. Dr. Taj works out of Prince Albert and she does provide through Telehealth. So my understanding is that she doesn't actually have in-person visits. Telehealth is provided to Buffalo Narrows and Ile-a-la-Crosse patients a half day a month and that's going to continue into this fiscal year. Dr. Dungavell has . . .

Ms. Chartier: — Sorry, doctor?

Hon. Mr. Duncan: — Dr. Dungavell.

Ms. Chartier: — He's not on my list.

Hon. Mr. Duncan: — So this is just starting April 1st. So this is a new psychiatrist that's . . .

Ms. Chartier: — How do I spell his name?

Hon. Mr. Duncan: — D-u-n-g-a-v-e-l-l.

Ms. Chartier: — Okay. Sorry. And how many days?

Hon. Mr. Duncan: — Dr. Dungavell is going to providing visiting services to La Loche one day a month, and that's starting as of April 1st. Dr. Odogwu is providing for Telehealth services to the Mamawetan Churchill River about five days a month on average. Dr. Taj is also providing Telehealth services to youth patients in Creighton and La Ronge a half day a month, and that's going to continue into this month.

Ms. Chartier: — So is that over and above the half day?

Hon. Mr. Duncan: — No. My understanding is that that is just through Telehealth, so not in-person visits. But it's one half day a month for . . . so a top rate in Mamawetan Churchill River and as well . . .

Ms. Chartier: — The Keewatin Yatthé.

Hon. Mr. Duncan: — That's right.

Ms. Chartier: — Okay.

Hon. Mr. Duncan: — Again Dr. Dungavell will be providing one day month in La Ronge as of July this summer. Dr. Shurshilova, if I have that correct, provides two-day clinics three times throughout 2015-16 in La Ronge, and so that was last fiscal year. There's going to be one additional clinic added beginning this month and that's, I believe, in La Ronge as well. And the same doctor, Dr. Shurshilova, is providing two-day clinics three times a year in Stony Rapids, and that's going to . . . this doctor is going to be providing an additional clinic in June.

Ms. Chartier: — Okay. Sorry. So two-day clinic three times a year where?

Hon. Mr. Duncan: — Stony Rapids as well as, it looks like, La Ronge. And Dr. Dungavell is providing through the Athabasca Health Region one-day-a-month psychiatry services in Stony Rapids beginning in July.

Ms. Chartier: — Okay. So just to confirm Dr. Shurshilova, you've got her as two-day clinics throughout . . . two days a month in the Mamawetan Churchill River Health Region throughout '15-16, so in La Ronge. And then she's adding one clinic . . . I just want to confirm Dr. Shurshilova. So two days a month in '15-16 in La Ronge, so she will be doing three clinics

a month starting this fiscal year — is that correct? — in the Mamawetan Churchill.

Hon. Mr. Duncan: — Dr. Shurshilova will be . . . so this doctor will be ending services at the end of this month, and Dr. Dungavell will be taking over.

Ms. Chartier: — So she's . . . Okay, because you had said she was adding a clinic. When you gave me the Mamawetan Churchill River Health Region stuff, you said she last year did two days a month in La Ronge, and then you said she was adding a clinic this month.

Hon. Mr. Duncan: — Yes, that's right.

Ms. Chartier: — So for this month she did three clinics, but done at the end of this month. Done at the end of June?

Hon. Mr. Duncan: — Yes, I believe that's correct.

Ms. Chartier: — Okay, so she had been doing . . . So Dr. Dungavell is taking over Dr. Shurshilova's work basically. Is that correct?

Hon. Mr. Duncan: — Yes, I think . . . So Dungavell is taking over and providing coverage in La Loche, La Ronge, and Stony Rapids.

Ms. Chartier: — And Dr. Shurshilova's done with working in Saskatchewan?

Hon. Mr. Duncan: — Yes, that's correct.

Ms. Chartier: — So she's the doctor flying in from . . .

Hon. Mr. Duncan: — From Ottawa.

Ms. Chartier: — From Ottawa. Is Dr. Dungavell located in Saskatchewan?

Hon. Mr. Duncan: — Yes, based out of Saskatoon.

Ms. Chartier: — Based out of Saskatoon. And were the feds paying Dr. Shurshilova, or was that the province?

Hon. Mr. Duncan: — So, Dr. Shurshilova arranged for her own travel to and from, from Ottawa to Saskatoon, and then the travel to the northern communities was covered by the province.

Ms. Chartier: — And who was paying for her salary or fee for service, or whatever it was? Was it us or was it the feds?

Hon. Mr. Duncan: — No, it would have been us. It wasn't the feds.

Ms. Chartier: — Okay. And Dr. Dungavell, he's being paid by the province?

Hon. Mr. Duncan: — Yes, so the same. So Dr. Dungavell would be . . . And we'll check to see whether or not this is a fee-for-service psychiatrist, or whether or not it's a contract position, but it would be the province.

We are actively working with the federal government. The Prime Minister made an announcement in about the last week and a half I believe, indicating some money for increasing mental health support. We don't yet know if we're getting any of that in Saskatchewan. Our first indication is that most likely not, but we're contacting the federal government to get some clarity on that. We certainly would appreciate the support.

Ms. Chartier: — Are any of these doctors paid federally?

Hon. Mr. Duncan: — I don't believe so, no.

Ms. Chartier: — No, you just . . . Can we clarify unequivocally?

Hon. Mr. Duncan: — So the arrangements that we're looking at right now are ones that are through northern medical. So that would be us that's paying for that. Whether or not they have other contracts with Health Canada or another federal agency, we're not aware of that. We'll check to see, but it would be the province that's paying.

Ms. Chartier: — Okay. And just to look at Dr. Dungavell's schedule versus Dr. Shurshilova. So you've got Dr. Dungavell doing three days a month in various different locations. I just want to confirm that that's correct.

Hon. Mr. Duncan: — Yes, I believe that's correct. Three days.

Ms. Chartier: — And it's sort of hard to compare Dr. Shurshilova because she was doing Mamawetan Churchill where you had her at two days a month, and then in Athabasca you had her at two-day clinics, three times a year at Stony Rapids. So I'm just trying to sort of compare Dr. Dungavell's workload versus Dr. Shurshilova's. Two days a month clinics throughout '15 and '16 in La Ronge, and you said that she added a clinic this month.

Hon. Mr. Duncan: — Dr. Shurshilova, basically it would be about 12 clinic days a year.

Ms. Chartier: — Okay. For both, like a total between Mamawetan Churchill and Athabasca?

Hon. Mr. Duncan: — Right. So it be would six days last fiscal year in Stony Rapids, six days last year in La Ronge, and then she provided one additional clinic in this fiscal year. So it's kind of hard to project forward what she isn't doing in this fiscal year, but yes, it was an additional clinic that was added in this fiscal year.

Ms. Chartier: — So an extra two days.

Hon. Mr. Duncan: — Yes.

[19:30]

Ms. Chartier: — Okay. In terms of expectations, obviously you don't have whether these are fee-for-service or contract, but I'm thinking about Dr. Dungavell's schedule. As Dr. Dungavell is a new doctor, you must know if Dr. Dungavell is fee-for-service or on a contract.

Hon. Mr. Duncan: — We'll confirm with the committee. We believe, though, fee-for-service.

Ms. Chartier: — In terms of sort of expectations when you're thinking of services being provided in each community, obviously a fee-for-service, the doctor does how many appointments the doctor does. But is there an expectation that . . . Is it like an 8 until 8 kind of day? Or how many appointments are you expecting her to . . . Or how many patients are you expecting her to see in a day?

Hon. Mr. Duncan: — We'll try to get that answer for you tonight before we leave. We don't have the exact number. A lot of factors go into it, weather and things like that nature. But we'll . . .

Ms. Chartier: — For sure. I was just wondering with respect to all of these doctors, if that expectation would be the same on all of them. Obviously Telehealth is a little bit differently, but just trying to figure out when a doctor's going into a northern community to provide a clinic, what exactly that looks like. So if you've got some of those numbers for other docs as well, that would be great.

In terms of, sort of along the same idea here, in terms of the suicide rates in Saskatchewan, how do we track those numbers?

Hon. Mr. Duncan: — So we track as a province, based on the regional health authority. We track over a five-year period of time, so we compare on five-year periods at a time. And it's really based on a coroner's report, so the number may not be, it may not be exact. There may be anecdotal information in the community that may not match exactly our numbers because it is again based on the findings of the coroner.

Ms. Chartier: — Okay. In terms of the numbers, do you have it broken down per health region then? So when you say it's compared over a five-year period, do you have numbers for each year?

Hon. Mr. Duncan: — No. I . . . So I have numbers, so the average from the 2005-2009 time frame and then the average from 2010-2014.

Ms. Chartier: — 2014. And you have them for each health region?

Hon. Mr. Duncan: — I do. And they are per 100,000 population.

Ms. Chartier: — Okay. Could you . . . Would you mind reading those into the record?

Hon. Mr. Duncan: — So I'll start with the 2005 to 2009 time period. In Athabasca . . . and again these are per 100,000 population. So in Athabasca, 34; Cypress, 8; Five Hills, 11; Heartland, 9; Keewatin Yatthé, 61; Kelsey Trail, 15; Mamawetan Churchill, 20; Prairie North, 16; Prince Albert Parkland, 13; Regina Qu'Appelle, 9.9; Saskatoon, 10; Sun Country, 12; Sunrise, 9; and provincial average per 100,000 population for that 2005 to 2009 time period was 12.

Ms. Chartier: — Okay. So that's 2005, 2009. Okay.

Hon. Mr. Duncan: — Now I'll switch over to the 2010 to 2014: Athabasca, 76; Cypress, 6; Five Hills, 11; Heartland, 12; Keewatin Yatthé, 26; Kelsey Trail, 10; Mamawetan Churchill, 26; Prairie North, 11; Prince Albert Parkland, 15; Regina Qu'Appelle, 9; Saskatoon, 9; Sun Country, 8.9 — I'll round that up to 9; Sunrise, 12; and the provincial average in that time period was 11.

Ms. Chartier: — Okay. I'm just curious. Do you know why it's not tracked annually? Or obviously these stats are over an average, but do you know why it's not tracked? Or is it possible to get the yearly numbers?

Hon. Mr. Duncan: — We can provide the annual number for the committee, and we will endeavour to do that if the committee likes. We group them together in five-year periods of time because we try to look for trends. The trouble with these types of statistics are that based on . . . Especially in the smaller regions with a small population base, from year to year, if we just try to make decisions based on a year-to-year time frame, it would take a small number increase or decrease either way that would really make the information . . . It just wouldn't be, in my view and I think in the minister's view, sound decision making to base that on. But we can provide information to members of the committee on a year-to-year basis.

Ms. Chartier: — Do you know what? Actually that would be great. I'd appreciate that. Obviously we have some numbers in our northern health regions that are considerably higher than the average. I'm just, I'd be interested in knowing. I know anecdotally what my colleagues from the North tell me, but I'd be interested in those year-by-year breakouts for the health regions. If you could have that for the next committee, that would be great.

Hon. Mr. Duncan: — Yes.

Ms. Chartier: — In terms of age, I don't know . . . So one of the things I often hear from my colleagues is the issue around youth suicide, so I don't know if they're in these numbers, if there is a breakdown, if we refer to youth under 18, or if there is any breakout of age of the deceased.

Hon. Mr. Duncan: — So we don't have that this evening, but when we put together the year-by-year numbers for hopefully the next committee meeting, I think we could probably break it out into under 18 and over 18. I don't think we'd probably go further than that though if, that's . . . .

Ms. Chartier: — That would be good. Okay, thank you.

Moving on here, we had a conversation about HIV rates last committee. And you know it just, I'd been given a number by one doctor last, prior to asking, who had told me that there'd been three HIV babies born in the last year. And then I had an opportunity, he'd understood there were two in RQHR [Regina Qu'Appelle Health Region] and one in P.A. [Prince Albert]. And I know you gave me the number of two, and so I had a further conversation with another doctor who works in the area and he agreed that there were three in recent times. So I'm just, maybe not in the last fiscal, but wondering if we can clarify that.

Hon. Mr. Duncan: — So the number of confirmed cases is two. There is a third case that is under investigation, but it hasn't been categorized as a confirmed case. And it can take up to 18 months to complete that investigation. So there is a third case under investigation, but it's not confirmed. So the number that I gave, and I've given publicly too, is confirmed of what we know.

Ms. Chartier: — And it just, it can't be confirmed because the mother was HIV positive and the baby . . . It was unknown, and the virus may have been transmitted or . . . and it takes 18 months to know whether or not the virus is going to show up? Is that . . . I mean I'm just saying; I'm not sure if that's the case.

Mr. Hendricks: — I'll try to answer this. I'm not an immunologist, but basically they can do preliminary testing when they're infants, but to actually confirm the diagnosis they have to wait until the baby can take the adult assay test. And so they have to wait until its immune system has developed enough so that they know for sure and can confirm the diagnosis.

Ms. Chartier: — So how long does . . . I'm just thinking about the two babies diagnosed in 2015. So they would have not been . . . Obviously you've just explained that that's not at birth, so how old are the babies when they get diagnosed then, when they can take that test?

[19:45]

Mr. Hendricks: — Okay. So in this case, it's going to take a little bit longer because the baby is not definitely positive. So they do two immunological tests, and then they have to do a test after, when the child is six months old, to see what the viral load is, if any. And so this one was nondefinitive. Normally after the two immunological tests, they can do the viral load at six months to see if the child has the HIV virus present, and so they can usually confirm within that time period. With this one, it's still uncertain. And so during this time the baby is being treated for it with prophylaxis and other stuff. So that's why this case is a bit different.

Ms. Chartier: — So with the baby, once the diagnosis is either confirmed or hopefully the baby doesn't have HIV, would that be counted in this year's numbers or last year's numbers? I'm assuming this, like 2016-17 . . . or 2016, I guess.

Mr. Hendricks: — When the diagnosis is confirmed.

Ms. Chartier: — Okay. So the baby is close. How far away is the baby? Do we know from . . .

Mr. Hendricks: — I think in respect for the patient's privacy, we'll actually . . . we shouldn't speculate on that or give answers on that. We're talking about one specific case and one family.

Ms. Chartier: — Fair enough. With respect to . . . I'm just trying to get a sense on spending around HIV. So when the HIV strategy was launched and in place, how much money was spent?

Hon. Mr. Duncan: — Since the strategy began in 2010, it's just been just under $4 million a year.

Ms. Chartier: — So 2010 was 2010-11, 2011-12, 2012-13, and 2013-14. Those were the last years of officially the strategy, but the spend under 4 million continued for '14-15 and '15-16?

Hon. Mr. Duncan: — Yes, that's correct. The first year, the 2010-2011, was 3.5 million. Then beginning in '11-12, that went up to 3.956 million. And that's remained the same, and it will be the same in 2016-17.

Ms. Chartier: — So, we're in '16-17. No, that's right. So 2011-12 it went up to 3.956 million, and then you've carried through to 3.956 right now in this fiscal year?

Hon. Mr. Duncan: — That's correct.

Ms. Chartier: — Okay. And what does that include, the 3.956?

Hon. Mr. Duncan: — Ms. Chartier, if you would like, I can go through in pretty good detail in terms of where the dollars are going and the different programs they're funding and positions.

Ms. Chartier: — How about for '16-17, what do we have under that 3.956?

Hon. Mr. Duncan: — Sure. So Regina Qu'Appelle Health Region will receive a total of $1.029 million in '16-17: 33,000 of that is going to fund a community development coordinator, a half-FTE [full-time equivalent] position; 249,000 goes towards outreach social workers and clinic nurses, and that pays for three full-time equivalents; 135,000 is for a pharmacist; $300,000 is for some RN [registered nurse] positions. There's $17,000 for transportation; $80,000 goes to provide support that . . . Regina Qu'Appelle Health Region funds a CBO [community-based organization].

Ms. Chartier: — Which CBO?

Hon. Mr. Duncan: — I don't have the name of it. We'll look to find out what it is. I just have CBO funding on here. Twenty thousand goes to a prevention risk reduction service; 75,000 goes to a peer-to-peer program; and 120,000 goes to operate an outreach clinic.

Saskatoon Health Region will receive 1.265 million: 33,000 of that goes towards a half an FTE for community development coordinator; 269,000 pays for 3.2 FTEs that are outreach and social workers; 135,000 for a pharmacist; 140,000 for 1.5 FTE's, those are RN positions; 416,000 is for outreach workers at the Westside Clinic; 17,000 is transportation; 140,000 is to provide support to, again it's a CBO funding. I don't know if that's just one CBO or just a number of them grouped together, and we'll endeavour to find that out. Twenty thousand for prevention and risk reduction services; 75,000 for a peer-to-peer program; and 20,000 for outreach clinic support.

Ms. Chartier: — 20,000 or 100?

Hon. Mr. Duncan: — 20,000.

Ms. Chartier: — 20,000 for outreach clinic support.

Hon. Mr. Duncan: — Prince Albert Parkland Health Region received 654,000: 78,000 for a full-time community development coordinator, and that looks like it's funded through funding that goes to a CBO to provide for that position; 249,000 provides for three FTEs that are outreach workers and methadone case managers; 200,000 for two RN positions; 17,000 for transportation; 50,000 for CBO funding; 20,000 for prevention and risk reduction services; and 40,000 for a peer-to-peer program.

So in the North — and this would be shared between Keewatin-Yatthé and Mamawetan Churchill — two FTEs and a total of 166,000 for outreach workers; one RN position at 100,000. There's a CBO that receives $15,000; prevention and risk reduction services, 20,000; and a peer-to-peer program that receives 30,000, for a total of 331.

Prairie North Health Region receives 253,000. It's one FTE at 83,000 for an outreach worker; one FTE for an RN that's 100,000; CBO funding of 20,000; prevention and risk reduction services, 20,000; and a peer-to-peer program of 30,000, for a total of 253,000.

Sunrise Health Region receives a total of 233,000: 83,000 for one FTE as an outreach worker; 100,000 for one FTE that is an RN; prevention and risk reduction services, 20,000; and a peer-to-peer program which looks like it's operated through a CBO at 30,000, for a total of 233,000.

And Five Hills Health Region receives 20,000 for a prevention and risk reduction service.

And I do have the CBOs. So the AIDS [acquired immune deficiency syndrome] Programs South Saskatchewan, based out of Regina, in the '15-16 budget year received 50,000. That's from the regional health authority. We also as a ministry have provided funding to that CBO in the range of about $87,000 a year. All Nations Hope Network here in Regina received 19,000 last year from the RHA on top of the ministry funding. AIDS Saskatoon received 40,000 on top of the ministry funding of $92,000. The Persons Living with AIDS Network of Saskatchewan, based out of Saskatoon, received $40,000 from the health region last year, and that's on top of the roughly 65,000 that they received from the ministry.

[20:00]

And the Avenue Community Centre for Gender & Sexual Diversity out of Saskatoon received $16,000 from the health region as a part of the CBO money that I listed off here.

Ms. Chartier: — Thank you for that. I'm just going to go back to the numbers that you gave me, the preliminary HIV numbers in 2015. And you gave me sort of the other, the catch-all for other 26 cases.

I'm wondering. I've been told that — I'm not sure if this is accurate or not — that P.A. Parkland is a bit of a hot spot right now for HIV. So I'm wondering in that 26 of other, if that number is broken down.

Hon. Mr. Duncan: — No. So what I did indicate at the last committee is that while we had seen either reduction or stabilizing in the new cases being identified in Regina Qu'Appelle Health Region and Saskatoon Health Region, that we did acknowledge that P.A. Parkland numbers had gone up in the last year.

But the number I gave you of 26 other, that doesn't include Prince Albert Parkland. The numbers I gave, there were 48 new cases last year of the preliminary number, 48 in Prince Albert Parkland, and then . . .

Ms. Chartier: — Or did you give me Prairie North? So I had 59 in Saskatoon, 48 in Prairie North, 26 in RQHR, and 26 in other.

Hon. Mr. Duncan: — No, I'm sorry. If that's what you had down, my mistake. So Saskatoon was 59, Regina Qu'Appelle was 26, Prince Albert Parkland Health Region was 48, and other RHAs were 26. So sorry if I misspoke.

Ms. Chartier: — And I could have jotted that down wrong. Do you have the 2014 numbers? I just want to compare. Do you have those handy?

Hon. Mr. Duncan: — So I think as I indicated at the last committee meeting, the number of new cases identified in the Prince Albert Parkland Health Region is up in 2015 based on the preliminary numbers compared to 2014. What we have though this evening is comparing 2015 to several years grouped together, kind of a period of time, so what's the average over X number of years versus 2015. So I don't have the exact number in terms of what it was in 2014 in that specific health region. I can give you an average of what it was over a period of time, but it is, preliminarily it appears to be up in 2015 based on the previous year.

Ms. Chartier: — Okay. So you've just told me you've got an average, but you've just said it's up compared to the previous year. So I'm interested in the average, but I'm interested . . . So you've just told me you know it's up from 2014 so I'm . . . Up from what?

Hon. Mr. Duncan: — Thank you for the questions. We can provide the 2014 number in time for Wednesday's committee. We would have that number. We just don't have it this evening.

Ms. Chartier: — Okay. Can you give me the average then, and tell me what the, how many years average that is.

Hon. Mr. Duncan: — So the average over the last 10 years is 28 cases.

Ms. Chartier: — P.A. Parkland, 28 a year?

Hon. Mr. Duncan: — That's correct.

Ms. Chartier: — Twenty-eight a year over the last 10 years. Okay, and if you could get me that number for Wednesday, that would be great. In those other numbers, I'm wondering about the North, the northern health regions and the Athabasca Health Authority, if you have any idea what those numbers are, of that 26.

Hon. Mr. Duncan: — So in terms of the northern part of the

province, we're getting into some pretty small numbers. And I don't know if we've had a conversation in the past, but when you get into pretty small numbers and small areas, small regions, our concern is that we start to run the risk of identifying people. But I can say that if you group the three northern health regions together, in 2015 the preliminary number is 12.

Ms. Chartier: — In the three northern regions there's 12. Do you know what the population of those three northern regions would be?

Hon. Mr. Duncan: — The total population in those health regions last year is 39,000.

Ms. Chartier: — Thank you. For that average number that you gave me over the last 10 years for P.A. Parkland, do you have that for the northern three health regions?

Hon. Mr. Duncan: — The average over the 10-year period of time we're looking at is . . . 2004 to 2014 is the 10-year time frame, and the average in those three regions on an annual basis was 9.5 over those 10 years.

[20:15]

Ms. Chartier: — Okay. Thank you for that. I think I just want to back up for one . . . Or actually, you know what? With respect to testing, so you've told me that testing has gone up every year and I think it was by about 4,000, I think maybe a little bit more than 4,000 . . . [inaudible] . . . between '14-15 and '15-16. So where is the money for testing? Like you've given me the budget and I'm sure it's in here somewhere but I'm . . . So if the budget has stayed the same for HIV strategy and going forward, where is that money for testing coming from?

Hon. Mr. Duncan: — So since 2000 . . . Sorry about that. Since 2006, so the tests actually come out of the Saskatchewan Disease Control Laboratory budget. It doesn't come out of the 4 million that we're talking about. And just one second. And there have been 575,000 tests since 2006 that have been processed by the Saskatchewan lab.

Ms. Chartier: — Since 2006. And have they seen an increase in their budget to support increased testing?

Hon. Mr. Duncan: — So yes, the lab has received funds to process the increasing number of tests each year, and they work very closely with other partners including the ministry to expand things like the point-of-care testing. So they're a part of that as well.

Ms. Chartier: — How much did they receive? So you said that they've increased every year, so how much have they received every year to increase testing?

Hon. Mr. Duncan: — So the operating . . . So we don't break it out, or the SDCL [Saskatchewan Disease Control Laboratory] doesn't break it out based on the tests that they do, and the funding isn't attached to each test. But overall, the operating budget of the Saskatchewan Disease Control Laboratory has gone up. And this year it's going up to, on the operating side, $16.3 million, which is about an 8.7 per cent increase from last year.

Ms. Chartier: — And what was it last year?

Hon. Mr. Duncan: — It was 15.7 million.

Ms. Chartier: — Can you take me back a couple of years then? Just keep going, if it's all there.

Hon. Mr. Duncan: — Well the chart doesn't go back any further than last year, so we'll . . .

Ms. Chartier: — Okay. So is there . . . Obviously there's a budget that you've allocated for that. But is there expectation on the part of the ministry to do certain numbers of tests? Like, if HIV during the strategy was a priority, did you provide more money at that point for testing?

Hon. Mr. Duncan: — So I think it's fair to say, based on the work of the strategy and then even leading out in the strategy, the effort that's been put in by the ministry and the RHAs and our stakeholders to increase, just generally, the number of tests that are being conducted as well as the work that's been done to expand, for example, the point-of-care testing sites, there was the knowledge that the lab was going to be doing, on an annual basis, an increasing number of tests. So that's been factored in in terms of looking at their budget each year.

Ms. Chartier: — Okay, I just need to think about that for a minute. I'm going to jump around here and go back here to suicide rates. I know you're getting me some numbers, and you gave me the breakdown of the two sets of five years. I'm wondering if you do, like I don't need you to go far back, but I'm wondering if you do have the 2015 numbers for all those health regions or any of those health regions.

Hon. Mr. Duncan: — The ministry will go back and endeavour to see whether or not we can produce a 2015 number. We're just not sure at this point if that information is all finalized in terms of the reporting.

Ms. Chartier: — Okay. Thank you. Sorry, I just want to clarify then that you've said that. So I'm jumping around here, HIV back to suicides. But I'll go back to HIV testing. So in terms of numbers . . . Sorry, I feel bad for your official who just went to the back of the room. Sorry about that. I'm wondering if I could get those budget numbers. You were going to get me those budget numbers for the last, say, seven or eight years?

Hon. Mr. Duncan: — Sure.

Ms. Chartier: — That would be great. Okay. Moving on here, last year in the Intergovernmental Affairs and Justice Committee, Mr. Broten had asked that particular minister about the cap on the seniors' ambulance fee, but pointed out that the status First Nations seniors were not covered under that. But he mentioned, Minister Reiter at that point said, this was April 27th, 2015:

> Our officials are telling me, for example, of a meeting that was held sometime around the end of March involving officials from our ministry, Ministry of Health and Ministry of Social Services and federal officials, that it had

discussion at that.

So I'm wondering what happened with that meeting, and have you been able to address the discrimination around First Nations seniors?

Hon. Mr. Duncan: — So we're not exactly sure what meeting Mr. Broten would have been referring . . .

Ms. Chartier: — Mr. Reiter. It was the minister that referred to the meeting. Yes.

Hon. Mr. Duncan: — Oh, okay. Minister Reiter. Okay. So we're not aware of what meeting he would have been speaking about, but we can say that there has been no change to the policy.

Ms. Chartier: — So First Nations seniors in Saskatchewan, if you're a status First Nations senior, you do not have ambulance coverage to the best of your knowledge then? Not under Saskatchewan health benefits?

Hon. Mr. Duncan: — Not under our Saskatchewan . . . the SCAAP [Senior Citizen's Ambulance Assistance Program] program. You could potentially be qualified under the Health Canada non-insured program, that program.

Ms. Chartier: — Do you think that that's a problem? We had a case last year of a woman who had been in La Ronge and had to go into Prince Albert and then found out that her transfer fee wasn't covered back to La Ronge. So I'm curious, your thoughts on that?

[20:30]

Hon. Mr. Duncan: — So thank you for the question, Ms. Chartier. So I think this is . . . I think it's a long-standing issue that the province has been faced with in terms of perhaps a discrepancy between the program that's operated through FNIHB [First Nations and Inuit Health Branch] and our program here in Saskatchewan, particularly to seniors. But I know the changes that were made by First Nations and Inuit Health Branch don't just affect First Nations seniors. They affect all eligible First Nations people.

This has been something that's been a reality since March of 2003 when that decision was made by FNIHB to change their program and discontinue coverage for return transfer ambulance trips. I know that the government and I say that the government proper under the former administration, I'm told, had raised this with the federal government to no avail. So it's not a new issue that we have in the province, but it's certainly is one that is continuing.

Ms. Chartier: — So the meeting that Minister Reiter referenced . . . And sorry I should have read the rest of the quote here. So I think I stopped at the point, ". . . that it had discussion at that." and then Mr. Reiter goes on to say:

> But this is primarily dealt with in the Health ministry. So I don't want to mislead you; it hasn't had extensive discussion in our ministry. I would suggest it's been primarily in Health.

But what I'm hearing you say is, you've not had, in your time as Health minister, you've not had conversations with the federal health benefits about addressing this inequity?

Hon. Mr. Duncan: — So this is an issue that does come up from time to time both in the tripartite process that has been established, but I would say it's greater than just the issue of the ineligible ambulance trips. There are other issues under the non-insured program through Health Canada that would fall under not being non-insured. So it has come up from time to time in the time that . . . I can only speak to the time that I've been the Minister of Health. I know that the deputy minister has had conversations with his colleagues on the national level about looking at some ideas about perhaps looking at a pilot program to do an inventory to see where the different programs between the federal government and the provincial government do stack up. So it is something that from time to time does come up between dialogue between federal and provincial counterparts.

Ms. Chartier: — Thank you for that. Yes, so you had said the previous government had had a conversation with the feds and they said no. So you've said it comes up time to time. I'm wondering when those times were. You had said that sometimes at the tripartite table, but could you give me some sense of when, Minister Duncan, you've had these conversations.

Hon. Mr. Duncan: — I don't have dates of all the times that it has come up in conversation with the federal government, but I can say that the parties that are signatories to the MOU [memorandum of understanding] do meet quarterly and their last meeting was on May 11th of this year and it did come up in that conversation.

Ms. Chartier: — Have you ever written to the minister to advocate regarding this issue?

Hon. Mr. Duncan: — So I'll have to go back and check my files. I don't know if I've ever specifically written on this specific issue. But I know the deputy minister can provide a little bit more light on this subject.

Mr. Hendricks: — So you know, this has been a long-standing issue about differences between programs that are provided to non-First Nations and First Nations through FNIHB. And so I have had discussions with Health Canada's regional director in Saskatchewan as well as the associate deputy minister of Health Canada, as the minister said, about looking at, at least doing an inventory of our programs to see where there are disparities with a possibility, you know, of coming to some sort of agreement how we might jointly offer programs. But you know, I think what we would have to see first is that there would be an equal partnership on that kind of opportunity. And so we've not had the discussion with the federal, my federal colleagues since the government changed, but I think, you know, they've indicated an interest in working in the area of indigenous people's health care, and so I think it's something that we could open up again.

Ms. Chartier: — Okay. So then though there's a group of people who continues to fall through the cracks when it comes to covering certain health services.

Mr. Hendricks: — I would also say on a lot of services there are differences, right, and so for non-First Nations there are benefits that aren't provided that are to First Nations people and vice versa. There are some differences in the program. And that's what I was wanting to get at with my federal colleagues is what would kind of a homogenous system look like and, you know, what would the inequities be? Because it would be probably shifting some, you know, on the non-First Nations as well as the First Nations side as well.

Ms. Chartier: — But the reality is though when it, like so perhaps . . . So what you're saying is with some FNIHB benefits, they're better than what the province is offering but . . . Is that what I'm hearing you say?

Mr. Hendricks: — Yes. Some FNIHB benefits are better than the province's and benefits for non-First Nations and vice versa.

Ms. Chartier: — Yes. Are there any gaps where you've identified where non-First Nations people don't have services whatsoever though? Like what we've got. So do you see what I'm saying? So you've got an ambulance program where there is, because you're a status First Nation person, you have zero coverage. So I'm wondering if there is an equivalent where, if you are a non-status person or non-indigenous person, if there's something.

Mr. Hendricks: — So there are differences both ways, as I've mentioned. In the case of just citing one example that you mentioned, in the case of non-First Nations there's . . . You're income tested to get drug coverage in the province of 3.4 per cent of your income after which the provincial drug plan steps in. First Nations are not income tested; they have a 100 per cent coverage program under FNIHBs. So there are differences that way as well.

Ms. Chartier: — But low-income seniors, you've argued are . . . We could discuss this I think for the rest of committee, and I think we'll move on to another set of questions here because I think we could . . .

Hon. Mr. Duncan: — And I think I would just add on this before we leave, if we're leaving this topic. I think it's . . . I think it speaks to why the deputy has indicated that in the past he has approached his counterparts about seeing whether or not there is a way to try to balance off the different programs between the federal government and the provincial government. We acknowledge that there is a discrepancy in terms of, for instance, the beneficiaries of the Health Canada non-insured when it comes to ambulance versus some of the programs that we have in place. But again this is a long-standing issue that we have had with the federal government, with successive federal governments. And it's our hope that we can have a renewed conversation with the new federal government as it relates to this portfolio.

Ms. Chartier: — Thank you for that. And so switching here. I know you've had some correspondence around children in long-term care facilities. So I'm wondering if you can quantify right now how many children are in long-term care facilities in Saskatchewan.

[20:45]

Hon. Mr. Duncan: — So we currently have 10 children living in long-term care.

Ms. Chartier: — Is that across the province?

Hon. Mr. Duncan: — Yes.

Ms. Chartier: — And where . . . I know there's a couple in Saskatoon Health Region, but I'm wondering whereabouts the kids are.

The Chair: — We would like to take a five-minute recess. The time being 8:50, we'll be back at 8:55.

[The committee recessed for a period of time.]

The Chair: — The time being 8:56, we'll call the meeting back to order.

Hon. Mr. Duncan: — Thank you, Mr. Chair, and members of the committee for allowing us a short recess. So the number that we're dealing with currently in this year is 10. The majority of those, I think it's fair to say, are in Saskatoon. And I'll maybe go through the numbers over the last, say, 10 years of the number of children living in long-term care. So last year it was nine. In 2014-15, it was 11; '13-14, it was nine; '12-13, it was 16; '11-12, it was 12. The 2010-2011 fiscal year was 11; 2009-10 was eight; 2008-09 was 11; 2007-08 was 11; and 2006-07, it was 10.

Ms. Chartier: — Okay, thank you. And can you give me an age range in 2015, the nine individuals?

Hon. Mr. Duncan: — So I don't have a range. We would just know that they would be classified under the under-18 category, so I don't have a breakout further than that at this point.

Ms. Chartier: — You don't. Do you know are there any under 10?

Hon. Mr. Duncan: — So I'm just going off of just families that I've met. I know that we would have children under the age of 10. I know of, I would say, at least one family. But again we just, we have the number in total that would be under the age of 18.

Ms. Chartier: — Okay. What kind of supports do you put in place? Obviously those of us, all of us here have probably been into long-term care homes and they're not child friendly or places that are where most of us would anticipate would be the best place for our kids. So what kind of supports do you put in place to make them better environments for kids?

[21:00]

Hon. Mr. Duncan: — So we do try to make some accommodations, knowing that this is not the ideal place for a child to be growing up. So you know, the rooms are made as child friendly as possible. If possible, if there are more than one child living in the facility, the facility will group them together if it's appropriate. But the facilities try to do the best in a not-ideal situation.

Ms. Chartier: — What does a child-friendly room look like in a long-term care home?

Hon. Mr. Duncan: — So I think that with any resident of any facility, the residents and their families — the families in this case — and the facility, the staff, will try to, as best they can, have the room reflect the resident. So, you know, it may be more colours, more child, kid pictures, that sort of thing. Not really different than what you would see in, say, the area of the facility that would be where the seniors are living. They would be more of a reflection of them.

But notwithstanding that, these are medically fragile children that are, for the most part, in their bed for most part of the day. There is medical equipment that is around. And so I think everybody tries to do their best to, as much as possible, make this as much of a home for these children as they can under what I think is fair to say is not an ideal situation for these kids.

Ms. Chartier: — Your response . . . I know that some families have written to you. It was cc'd, or maybe it wasn't cc'd, but I've seen those letters. Just even the last year, you received two letters for sure and possibly more from other families. But I'm wondering what your response to those two families . . . They wanted their children moved out of Parkridge in Saskatoon.

Hon. Mr. Duncan: — Yes, so I have received correspondence from a couple of families. I have met with two families. I would say that we are looking for options that are a better fit for these children. In the meantime though, the current reality is that this is the most medically appropriate place for these children until that time that we can find a more appropriate accommodation for these kids. So it's something that I know the ministry is working very hard with stakeholders and with our regions to try to find a better home, a more ideal home for these children. But we don't . . . We're not there yet.

Ms. Chartier: — Can you refresh my memory? Where were the families . . . like I think the families had some ideas as to where their medically fragile children could live. Can you refresh my memory as to where? There is a facility, a home in Saskatoon. I don't have the letter in front of me, but I know they had a specific ask, or one family definitely had a specific ask about moving their child from Parkridge elsewhere.

Hon. Mr. Duncan: — So in the work the ministry's doing in reaching out to regional health authorities to look at whether or not there are more appropriate or a more ideal setting for children that are in care. I mean there certainly are, there are options that exist or the potential for options that exist around a variety of different community-based organizations or group home type settings, or even regional health authorities. We have reached out in the past to regional health authorities to sound them out to see whether or not they have some ideas. So I wouldn't want to identify one group, one specific group that may be an option.

Ms. Chartier: — They did for one. The one family was making a request — were they not? — for a specific facility or a specific home.

Hon. Mr. Duncan: — Yes. You know, I'm just going off the top of my head in terms of what the specific ask in the letter would have been. And I don't recall if specifically they identified one option in the letter. And we will certainly look back in our records to see that. Even in the event that they did identify one option, I don't want to leave the impression tonight that it is either that option or they remain in long-term care. We are working to find a better place for kids that have complex medical needs rather than being in long-term care. But you know, I don't want . . . tonight I don't want to say that it's going to be this place because there's a lot steps between here and there in order for us to find a better place for these kids.

Ms. Chartier: — Was the correspondence from a year ago?

Hon. Mr. Duncan: — I would say in the last year, but I don't know like if it was eight months or twelve months ago or six. I don't know.

Ms. Chartier: — So are you actively . . . These families who came to meet with you, are you actively looking for something for their children?

Hon. Mr. Duncan: — Yes.

Ms. Chartier: — So what does that look like?

Hon. Mr. Duncan: — Well again I don't want to specifically single out something that hasn't been decided, but it would be an alternative to long-term care. And that could take the form of a different placement that is provided by the regional health authority that could be a group home type of setting; that could be a CBO that could provide some support. We are looking to find a more ideal place for kids that are complex medical needs, that have complex medical needs, but we're not to the point where we're ready to make that announcement because that hasn't, it hasn't been finalized or decided yet.

Ms. Chartier: — So I'm hopeful here. I hear you saying that this is something that's imminent though, that we'll be hearing that children in long-term care will not be in long-term care. You just referenced an announcement. You're not ready to make an announcement. So I'm . . . That heartens me a little because I've sat down with these families, but so I am now under the impression that this is something that is going to happen sooner than later.

Hon. Mr. Duncan: — Well I don't want to leave the impression that it's imminent. I don't want to leave the impression that we are prepping for an announcement. What I can say though is that with the families that I have met with, they were inquiring about what we could do as a ministry to find a more ideal place for their children. I certainly am very sympathetic to what they are looking for, and what I have tasked the ministry is to look for some options that they can present to government that would find us, have us providing a more appropriate place for these kids that are in care.

And so again, nothing is imminent. There is no announcement that is imminent. But I am ultimately, as Minister of Health, I am hopeful that we can find a better option for these kids because I think if it was my child, if it was your child, that's what I would want as a parent too.

Ms. Chartier: — For sure, and I appreciate that. But you said

you've tasked the ministry. Have you given any timelines?

Hon. Mr. Duncan: — So no, I would say that there are not deadlines or timelines that have been put in place. What we want to ensure is that these children have the medical attention that they need, and that's currently being provided. And upon learning more about the situation and meeting with families, what I've asked for is whether or not there are options that we can pursue. At the end of the day, there may not be options that we can pursue but we don't know until we try to find that out. So that's the work that's under way right now.

Ms. Chartier: — I'm just trying to get a sense of when . . . Like obviously you've got families who are waiting to hear back from you. My last correspondence with the families, they're wondering what's possible. So you've tasked the . . . Usually when you ask someone to do a project for you, there'd be some expectation that are we . . . Like you've just won government again. In the next four years? In the next two years? What are we looking at here? What is your expectation as the minister to try to find appropriate spaces for these children?

[21:15]

Hon. Mr. Duncan: — So there really is no definitive timeline in terms of when we'll be at a point to, you know, perhaps see a different arrangement for these children. At the end of the day it's about ensuring that these children have the medical care that they require and we're confident that that is in fact happening. And there's a great deal of work that a lot of people put into ensuring that these children really have the medical care that they require.

But in terms of a timeline of where that care is being provided, there really isn't a timeline. We're just looking for options, whether that be an alternative within the regional health authority system or working with other partners. You know, we're just really exploring what is the art of the possible.

Ms. Chartier: — So is it just for these two families who have advocated or are you generally for all children?

Hon. Mr. Duncan: — So I'll just say broadly that the work that, in terms of looking at the potentially other options, it isn't specific to the families that have contacted me directly or the families that I have met with. Part of the complexity in this is that all of these, the medically fragile children that are in our care, they're not in one place. And they're in some cases in communities where, as much as we may explore options, there may just not be options to suit every family.

And so first and foremost, the paramount concern is to ensure that their medical needs are met. And in some cases, that is in long-term care, and in some cases in the future that may remain the only available option, just based on where these children live. So I would say we're broadly looking for what options may exist, but you know, I think it's fair to say that this . . . Even if potential options are identified, because of the complexity of the situations and the medical needs of the children, and layer on top of that the availability of options where they live, this may not mean that every child that is in long-term care that is medically fragile will not . . . Some kids may still be in long-term care.

Ms. Chartier: — Okay. Thank you for that. Okay, moving on here. I've got 2014 numbers for this, but I'm looking for 2015 numbers on the number of people who have a regular doctor or a regular care provider.

Hon. Mr. Duncan: — So we're pulling that number for you, Ms. Chartier. What I can tell you though is that, as some of the work that we're doing as a ministry, obviously we do want to see an improvement in the number of people that do have access to their primary health care team on the day of their choice either in person or phone or via technology. And our latest numbers are that as of December 2015, 89.4 per cent of people surveyed reported that they did receive an appointment on their day of choice, and that's up from our baseline of 85.2.

Ms. Chartier: — Okay, thank you. So in terms of that number, how many surveys did you use to get those numbers, over what time, and if it was at point of care?

[21:30]

Hon. Mr. Duncan: — So our number is just under 80 per cent have access, regular access to a physician in Saskatchewan. And the number in terms of the 89.4 per cent of people surveyed . . . So we survey that quarterly, and the survey is done actually at the point of the visit. And in the last quarter it was just over 1,600 people that filled out the survey in 34 different clinics across the province.

Ms. Chartier: — Thirty-four different clinics out of how many clinics? So the surveys were at 34 different clinics out of how many? Like if you were taking a . . . How many other clinics are there?

Hon. Mr. Duncan: — So it's 94 clinics in total. And the number of clinics that will have patients report through the survey, that'll fluctuate every quarter. So it just basically depends on which patients fill out the survey.

Ms. Chartier: — Okay. Is it fair to say that this, since these visits are at point of care, that it maybe isn't a true reflection because people who aren't at point of care are actually not getting service? So you've got people at the clinic seeing their doc. So the way you're measuring is at point of care. So obviously people who aren't there aren't telling you that they're not getting to see the doctor on the day that they got to see the doctor.

Hon. Mr. Duncan: — I guess, I mean that's one way to look at it. But if you look at . . . So the question is, which people are asked to answer, is that if . . . whether or not they can access their primary health care team on their day of choice. And so I mean the information, it's valuable to have. It's informative to a certain extent for us. But you know, if I'm in the clinic and, you know, I wanted to be here for an appointment five days ago but I just couldn't get in, then I would answer that, that no, it wasn't actually the day of choice, my day of choice. So you know, I think it is fairly I would say reflective of what people are experiencing at the primary care team level. But it's a snapshot in time and it's based on who does the surveys and where they're located.

Ms. Chartier: — Thank you for that. Of those 94 clinics in

total, are those health region facilities or would they include private clinics as well?

Hon. Mr. Duncan: — It would be a combination of RHAs and physician clinics.

Ms. Chartier: — Do you have numbers on that? Like a breakout of that?

Hon. Mr. Duncan: — Not this evening. We'd have to do some more work to break those down.

Ms. Chartier: — Okay. If you could endeavour to do that, that would be great for next committee. Is that possible? We've got a couple of days.

Hon. Mr. Duncan: — We'll work on it.

Ms. Chartier: — Okay. Thank you. I'm just going back to a question that I asked earlier, and I know we've only got an hour left here tonight and I know you said you were going to try to find this tonight, but the suicide numbers for 2015. Has anyone. . . [inaudible interjection] . . . You did. You had said for all the other . . . We had talked about the possibility of a big . . . [inaudible] . . . over those years and then I went back to it and said how about just for 2015, and you said you'd try for tonight for 2015. I was interested in the other numbers as well but if that's not possible . . .

Hon. Mr. Duncan: — So I apologize, Ms. Chartier, if I gave an indication that the 2015 numbers, we would have those tonight. We will endeavour to provide those to the committee. We're just not sure if we would actually be able to provide the 2015s. It goes through a process where the information goes through vital stats. Then it goes to Stats Canada. Then it comes back to the province. So we're not even sure if the 2015 numbers would be finalized at this point.

Ms. Chartier: — Okay, thank you for that. I just didn't want to let that slip off my radar here.

Sorry. I'm taking a step back here and going back to the medically-fragile children in long-term care. So I just found the letter from one of the families. I just would like to confirm whether this is the case or not. So it's Hope's Home. I knew it was on the tip of my tongue there. And one of the moms pointed out . . . This was her perspective, so I'm just wanting to clarify if this is the case or not. She had heard that Hope's Home was opening in Saskatoon, and they filled out an application for their child and then found . . . They had understood that the Ministry of Social Services has block funded five beds for Crown wards, or children of the Crown, I guess. Is that the case?

Hon. Mr. Duncan: — That's correct.

Ms. Chartier: — So how many beds are there in . . . How many Hope's Homes are there and how many beds are there?

Hon. Mr. Duncan: — Sorry for the delay, Ms. Chartier. So we're just trying to . . . You asked specifically, like the number of beds. Because Hope's Home has multiple locations in multiple communities.

Ms. Chartier: — Yes. And so I'm wondering how many locations and how many beds in each location, and how many are designated for children who are wards of the Crown.

Hon. Mr. Duncan: — So we're just quickly trying to go through just the Hope's Home website, trying to put together a list of all the different locations and all the different beds. In Saskatoon we know that they have opened up a facility. Social Services has contracted five of those beds for children that are wards of the state, for lack of a better word, right. The difference, so for us the difference is that children living in long-term care, the families have not surrendered responsibility for the children, whereas the Social Services children are the responsibility of the province. So that's part of the difference we're dealing with.

Ms. Chartier: — But can you understand how incredibly frustrating that would be if the family would have to surrender their children in order to get the services that their children need in the environment that they should be in?

Hon. Mr. Duncan: — No, absolutely. Yes, I understand that, and that's part of what we talked about when I talked with the families, that that's one of the policy challenges that we're working through right now.

Ms. Chartier: — So with respect to Hope's Home, I know you've supported Hope's Home as a . . . I don't know if that money's come out of Social Services in the past or the Ministry of Health, but obviously there is a solution, providing care in a more appropriate environment. Here's one CBO, so a solution exists to provide that care. So I'm wondering to what extent you support Hope's Home, like financially.

[21:45]

Hon. Mr. Duncan: — Thank you for the question, Ms. Chartier. So I guess I'd begin by just saying that Hope's Home is in my view, and the view of the ministry, is a very credible organization that provides good work. In fact through a number of different programs, the regions and ministry do provide support to different programs that are operated by Hope's Home.

In the case of looking for alternatives to long-term care for medically-fragile children, Hope's Home is an option, but it's one of a number that we are canvassing. So you know, we first and foremost have gone back to the regional health authorities to have them look at what other types of options they could provide outside of the existing long-term care setting. But Hope's Home would be one of the organizations that we are looking to see whether or not it's a good fit.

Ms. Chartier: — Okay. I'm going to move on here. But I do, just in terms of numbers for next committee, if I could have some numbers around funding for Hope's Home and spaces and how many spaces are designated. So I'll . . . I don't need that tonight, but I'm just letting you know, if I could, if that information could be provided at the next committee, that would be great. So the kind of funding that the Ministry of Health provides to Hope's Home, the number of spaces there are, sort of the residency spaces. I know that there's other services that Hope's Home provides as well. And then the

numbers that are already designated for Social Services children, that would be great.

Just going back to my question of a few minutes ago, I didn't get an answer to how many people have a regular care provider. You gave me the number, their stat on how many people were satisfied or saw their care provider on the day of their choosing.

Hon. Mr. Duncan: — I think I did. 79.9 per cent was the number that I gave.

Ms. Chartier: — 79.9. And was that 2015?

Hon. Mr. Duncan: — No, that's 2014.

Ms. Chartier: — 2014. And when are we anticipating the 2015 numbers?

Hon. Mr. Duncan: — So there's about a year and a half lag time between when the information is published, so we won't have a 2015 number until 2017.

Ms. Chartier: — Okay. And what is included in terms of how that data is gathered? What's included? How do we come up with that number?

Mr. Hendricks: — So the data that CIHI [Canadian Institute of Health Information] uses comes from a variety of sources. One of the sources is the Ministry of Health. So obviously we look at the number of physicians that we have in the province, and that is used by CIHI to look at the number of doctors and create an apples-to-apples comparison across different provinces, although sometimes we do have some issues in terms of how they interpret our physician numbers. But they're trying to create an apples-to-apples comparison. And then they also survey the Royal College of Physicians and Surgeons of Canada to try and get some sort of estimate in terms of the number of physicians by a survey who reported that patients were able to access them. So it's a combination of data sets that are used to try and create comparative information across provinces.

Ms. Chartier: — Okay, thank you for that. In terms of those in alternate level of care, I'm wondering do we have numbers for that?

Hon. Mr. Duncan: — Thank you for the question, Ms. Chartier. So in the last fiscal year, our provincial average was 3.7 per cent of acute care beds were occupied by people that were waiting for long-term care placement. Now we know that there are other reasons for why people are in acute care beds waiting for another service. It's not just long-term care placement that they're waiting for.

And so we're at the beginning, as a part of our ED [emergency department] wait flow initiative in this year, is to create reporting mechanisms for regions to report those other reasons aside from long-term care placement that they're waiting for. So we're still at the beginning stages of that. I think next year we'll have a better idea of what those other reasons are aside from long-term care.

Ms. Chartier: — Okay. Sounds good. Thank you. I'm a little all over the place. I'm going to go back to some of that in a . . .

Hon. Mr. Duncan: — Sorry. If you want, I can give you previous years as comparisons if you're interested in that.

Ms. Chartier: — Yes. Yes, I am. So that was, you said, for the '15-16 fiscal.

Hon. Mr. Duncan: — That's for '15-16. So I'll go back to, I have in front of me 2009-10. And I have the provincial average, but I also have it broken out by health region if you're looking for that.

Ms. Chartier: — Provincial average is good.

Hon. Mr. Duncan: — Okay. So 2009-10 was 5.8 per cent. '10-11 was 5.8 per cent. '11-12 was 5.5.'12-13 was 4.1.'13-14 was 4.7. '14-15 was 4.5, and '15-16 was 3.7.

Ms. Chartier: — Great. Okay. Thank you for that. A question that came up, I think at SUMA [Saskatchewan Urban Municipalities Association]. I wasn't there this year; the roads were really bad. But I understand when an air ambulance lands that it has to, the RMs [rural municipality] — actually it would have been at SARM [Saskatchewan Association of Rural Municipalities] — the RMs have to secure the highway, I understand. And I understand that RMs were looking for some kind of funding model or something because it cost them hundreds of dollars when air ambulance lands.

And I understand that that has been raised, so I'm just wondering your thoughts on that. Has that been considered?

[22:00]

Hon. Mr. Duncan: — So this has been something that has been raised at convention. And just to clarify, it's not an air ambulance issue; it's a STARS [Shock Trauma Air Rescue Society] issue.

Ms. Chartier: — Sorry.

Hon. Mr. Duncan: — No, no. That's okay. So we have . . . There has been some discussions with Government Relations at looking at, you know, what an equitable redress would be for this situation. But it hasn't, I think, gone beyond that point.

Most likely when STARS is landing, they're either landing at a municipal airport, so an example of Weyburn. If it's a hospital transfer, then the ambulance will drive out to the airport out of town. In the event that we do have a landing location at a hospital, which we do have at a number of facilities . . . Typically STARS is not landing at an unsecured location, say on a highway, but it does happen from time to time.

Some municipalities' position is that securing the site is a part of . . . They support the service and it's, you know, just a part that their local community wants to play. But others have approached government to say that we need to have some sort of uniform, equitable solution to helping with some of the costs that are incurred. But we have committed through, and I can't remember if it was the most recent SARM or if it was the SUMA convention, to having the discussion with Government Relations about what options may exist. But at this point we haven't agreed on anything.

Ms. Chartier: — Okay. It was SUMA, sorry. I believe that it was SUMA. But just to clarify, Minister Reiter is upstairs right now, and he has just said it's your responsibility, so I'm wondering. So you have some RMs who have some genuine concerns, and so they're wondering who's going to . . . And this is what delegates at SUMA had said is that they felt like they were being passed between Health and Government Relations, and nobody was figuring it out. So how are you going to figure this out?

Hon. Mr. Duncan: — Thank you for the question, Ms. Chartier. You know, I think it's fair to say that when this is raised at whatever convention it may be, whether it's SARM or SUMA, I mean we have an obligation as a government to take the question or the issue under consideration.

What our focus has been as a ministry is first and foremost looking at, in a pretty systematic way and pretty planned way, looking at where STARS is actually being dispatched out to and then making plans around ensuring that we have, you know, we have a good plan going forward in terms of having dedicated space, helipads, that sort of thing. So that's why we have, you know, built the rooftop landing at the Regina General as the tertiary receiving area here in southern Saskatchewan. That's why we've done a lot of work, and there's been, in terms of the temporary helipad at the U of S [University of Saskatchewan] or near the U of S at RUH [Royal University Hospital] as we wait for the construction of the children's hospital. There's the helipad at the new Moose Jaw hospital. You know, so we're trying to get a pretty good sense . . .

We want to, I think, in a large way avoid some of the challenges that, for instance, as STARS has expanded in Alberta over a number of years where communities very aggressively put money together to build helipads in a lot of communities that just are not served to a great extent as compared to others. And so that was one of the, I think, cautions that STARS gave us is that, you know, go about it in a pretty thoughtful way in terms of where you're expanding the network of helipads across the province.

So that's where our focus is in terms of trying to find dollars to move forward on this. But we would be happy and continue to, you know, work with partners like Government Relations to try to address concerns that do come up. But you know, we don't have plans this year to bring forward, as a part of the Health budget, any type of reimbursement to municipalities that do respond to a STARS call.

Ms. Chartier: — Thank you for that. So just some clarity, though, if these folks bring this question forward again. Will it be on your plate or the Government Relations minister's plate? So you've given me your answer about money not there this year but do . . .

Hon. Mr. Duncan: — Well I think it's a shared responsibility, but I would say it's even further than just the two ministers. You know, I remember a time back— you know, five, six years ago — when Councillor Nancy Styles from my hometown of Weyburn lobbied the government at a SUMA convention at a bear-pit for I think two conventions in a row asking the government to change the funding formula for local contribution from 35 per cent as it was at the time. Well it was Minister McMorris that brought forward the item to bring it down from 35 to 20. Those types of decisions are not made in isolation, and certainly he had to have the support of the Finance minister and the Premier and the cabinet and the government caucus.

So I think in any future discussions about whether or not there would be some sort of reimbursement program for municipalities that do respond to a STARS call, you know . . . I'll be happy to work with Minister Reiter or any other colleagues if that's something that government wants to pursue. But as a part of our Health budget, we're not moving in that direction this year.

Ms. Chartier: — Okay, thank you for that. The other day we talked a little bit about the 7.5 million that you're going to save in administration. I'm wondering how much money the ministry has budgeted for severance payments.

Mr. Hendricks: — So with the 7.5 million administration reduction, first and foremost, everything is being done possible or will be done possible to use vacancies, attrition, where that is an option. And so the goal of this is obviously over the period of this year to identify seven and a half million dollars that can be transferred to long-term care. Whether there is, you know, if there is a situation where there has to be a severance, the region will have certain options in terms of when the position actually starts in the long-term care facility. So they could delay the position starting in long-term care for a few months in this fiscal year so that they're in place by '17-18, which is the ultimate goal.

Ms. Chartier: — Okay, so has there been any money budgeted for severance? I hear that you're hoping to do it through attrition and other ways, but have you budgeted any money for severance?

[22:15]

Mr. Hendricks: — So we won't know for certain what the actual cost of that will be, given the vacancy, you know, the vacancy options and attrition options.

The regions will give us their plans in July. So as I said, if there is some severance involved in this, we would stage it so that there would be no additional cost to the system, but the ultimate goal of adding seven and a half million dollars to long-term care was achieved by the end of this fiscal year.

Ms. Chartier: — Okay. So sorry, I didn't realize that seven and a half million won't be . . . we won't see the positions until the next fiscal, likely won't see the positions in long-term care until the next fiscal year. Am I understanding that correctly?

Mr. Hendricks: — So given the fact that we had a budget later than normal this year, if the full seven and a half million was to be taken out and moved to long-term care, the actual cost in this fiscal year — and hire people — you would actually over hire in long-term care So we have a bit of room in this fiscal year to actually achieve that.

Ms. Chartier: — Okay.

Mr. Hendricks: — Because it's not a full fiscal year this year.

Ms. Chartier: — No, I know it's . . . So sorry, forgive my ignorance here, but how, if you took that money out and put it into long-term care, would you over hire in long-term care?

Mr. Hendricks: — So because if I had seven and a half million dollars to hire people in long-term care for nine months, versus 12 months, I would actually over hire in long-term care because I would have to pay their full 12 months, and seven and a half million is what we have to spend in the fiscal year.

Ms. Chartier: — Okay, okay. So you're not expecting the cost . . . so like again that question about . . . so what I'm hearing you say is that there hasn't been money budgeted, like, you're not anticipating severance in this fiscal year?

Mr. Hendricks: — We have to see what regions come up with, and we would be working with regions again to mitigate severance costs to the greatest extent we can.

Ms. Chartier: — So I hear that you have to work with the regions, but the ministry hasn't anticipated or expected a number?

Mr. Hendricks: — No, we actually don't know how many positions they will be able to manage through attrition, that sort of thing. It has been discussed that there might be some severance associated with this. We weren't that naive, but we obviously also are looking at other options to see how, as I said, we can mitigate it. So 70 per cent is on salaries. Thirty per cent is on operating. If in this fiscal year some flexibility in terms of that mix is needed to reduce severance, I think we'd be willing to look at that or any option around that.

Ms. Chartier: — Okay thank you for that. Since the budget, and prior to that too I think, the government has committed to a public review of the number of RHAs. And I know the Premier has . . . like a few people have said, oh well we need to figure that out, and that's part of the transformation process. In Health have you determined who's going to be leading this process?

Hon. Mr. Duncan: — Not yet.

Ms. Chartier: — Have you got a short list? By that smile I'm assuming yes.

Hon. Mr. Duncan: — No, I would . . .

Ms. Chartier: — You just don't want to tell me.

Hon. Mr. Duncan: — No, I would. No, I would. Well if I did have a short list, I don't think I would reveal the names on it. But we have, with the deputy minister, you know, we have some ideas in mind of who could lead this process, but we haven't landed on an individual yet.

Ms. Chartier: — So you've got a few people in mind. What are your timelines on getting started?

Hon. Mr. Duncan: — So sooner than later. You know, my hope is that we'll have a least a commissioner appointed and named. It's probably not going to happen by the end of this month, but my hope is that it'll be sometime in the summer. And then it will obviously depend on the person's availability, of just the schedule that they're going to be able to undertake to do the consultation and provide the recommendations back. So no firm timelines on it, but we do need to get moving on this.

Ms. Chartier: — And you anticipate having someone in place over the course of the summer?

Hon. Mr. Duncan: — Yes.

Ms. Chartier: — Okay. And how much have you budgeted for the review, the public review of the number of RHAs?

Hon. Mr. Duncan: — So what the ministry will be doing is, you know, first and foremost we need to find the person. We need to, you know, finalize the scope of the review. But the ministry will be managing this within the administration budget of the Ministry of Health.

Ms. Chartier: — Okay. Fair enough, but I'm wondering . . . Obviously you'll have a salary for this individual and cost of consultations, so you must have some number in mind as to how much this is going to cost. So even if it is in the budget within the administration, how much have you allotted for it?

Mr. Hendricks: — So as we've been considering options for the commission and particularly around scope, so you know, just looking at the number of health regions might be one option. You could extend the scope to look at other things around the governance of health regions, that sort of thing. So we're thinking about all of that. You know, in our preliminary discussions with some of our potential candidates, there are different ideas about how they might want to conduct the review, right, and so I think that has to be factored into that.

So you know, the other commitment that was made is that, you know, there would be consultations that take place, and so what that looks like and how extensive that is and then what form that takes, we're trying to shape all that up. Certainly this isn't going to be of the order of the Patient First Review or something like that. It'll be significantly less than that, but still we want to make sure that we're budgeting and that when we do decide how we want to go about this, that we're going to do it right.

Ms. Chartier: — For sure. I completely agree, and it'll be a good chunk of work. But obviously part of the budget on budget day, that was the conversation. So you must have some idea of how much it's going to, that you're hoping it . . . Do you have a range? So if it includes just RHAs and lessening the numbers, the right number of RHAs plus governance? Like you must have some idea about how much you want to spend.

Hon. Mr. Duncan: — So what we have talked about into the lead-up to the budget is that I mean we're obviously going to be appointing a . . . The intent is to appoint a commissioner. The ministry will be doing, you know, as much of kind of the groundwork in house, in the ministry. And so what I'll be doing is when we have a potential, the ideal candidate in mind, I'll be going back to cabinet for approval on the person, on the scope of what the review will look like, and as well what we believe the estimate is going to be. It's certainly my intent that it's, you

know, we're not going to want to redo a lot of work that's already been done in the past. So even if the scope looks at other things that the deputy has talked about outside of just the number of health regions, a lot of that work's already been done through the work of Tony Dagnone through the Patient First Review and then certainly Fern Stockdale Winder as it relates to mental health and addictions in the system. So you know, I don't envision a process that's going to cost the ministry, you know, greater than those two main, major, commissioner-led works in the recent past in the Ministry of Health have cost us.

Ms. Chartier: — Okay. So if I recall, mental health and addictions action plan was $800,000. So again, this is something in this budget, so when you say it's not . . . So I don't know how much . . . Mr. Dagnone's report was before me, before my time, so I don't know how much that cost. And quite frankly I'm just concerned about 2016 and how much you think you're going to spend. You've said you're not going to spend more than that, but you must have some idea what, like a range. You put together a budget. You must have some idea.

Hon. Mr. Duncan: — So the Patient First Review, that was, you know, it was over $1 million on that; I think in the 1.4 range, something like that, 1.5. Fern Stockdale Winder's report, as you've indicated, $800,000 was spent on that.

[22:30]

You know, we're looking at a $5.1 billion budget this year. My expectation is that what I'll be presenting to cabinet in terms of the work plan of the commissioner and the identity of the commissioner, as well as the budget, will not be as high as the mental health and addictions report. I don't anticipate it being an ask of cabinet to go greater than that extent. You know, I have a lot confidence that my deputy will be able to manage this within the $5 billion budget of the Ministry of Health, so I hesitate to give a range. You know, I think as a ministry, as a system, you know, we spend just under $600,000 an hour. And you know, so I think we will be able to do this with something less than what it costs us around the health care system for one hour a day.

Ms. Chartier: — So you think you can do it for less than 600,000? And that's what you've, in creating this budget, that's what you've considered, as less than $600,000 to do this?

Hon. Mr. Duncan: — Well I'm not expecting the deputy and the ministry to put together an item for cabinet that would have us spending as much or more as we did on the Patient First Review or the mental health and addictions action plan and the work of that commissioner. But again I don't want to box cabinet in in terms of important work, but in terms of the over $5 billion budget of the Ministry of Health, my expectation and what the deputy has committed to me is that we will be able to manage this within the administration side of our ministry budget.

Ms. Chartier: — Thank you for that. We may have to come back to that on Wednesday, but I see that it's 10:30.

The Chair: — The time being past 10:30 at 10:31, this committee stands adjourned until tomorrow, June 21st, 2016, at 3 p.m. Thank you.

[The committee adjourned at 22:32.]