Responses

more privatization .. contract out things such as laundry

I would pay for results, rather than for programs. Incent the sector to come up with creative solutions such as team based medicine rather than people seeing numerous specialists who often prescribe conflicting therapies. Focus more on prevention.

Pay doctors less. Fill the need for doctors with Nurse Practitioners. Pay nurses and especially health care aids more. Health care aids only make minimum wage. All the positions below Doctors make healthcare function smoothly.

would maintain services. I would try to push for 24 walk in clinics near hospital ER's to reduce the amount of non-critical traffic in the ER. Also remove the payroll tax from health care regions, does not make sense to tax a government service.

Reduce staff allocated to manual input of data from doctors to Manitoba Health. Investment should be made in an electronic system which will handle this. You can CapEx it for 15 years and staff reductions would save money over time.

Get rid of the RHAs

We need more doctors. People have literally died waiting too many hours in the waiting rooms.

A general all around reduction of staff/services so no 1 area suffers the most. As a former employee of.....I can assure you that company is a massive waste of money. I would look to either cut it back heavily or abolish it.

Fix medical payments: \$1 million dollars a year for a Radiologist? Are you kidding me? When a harder working GP makes \$200,000? Similarly for other specialists for whom technology has tripled their incomes, put it back into reality.

find efficiencies in the system

Better rural and northern care.

The current budget is adequate however we can definitely look at reducing/ eliminating back end costs and focusing more of the funding in to front line services

Responses

- 1. Eliminate "double dipping" ie. Practice of re-hiring retired employees.
- 2. Remove ability of physicians to cram appointments by using a maximum no.per day.
- 3. Most important . WRHA WASTE. COMPREHENSIVE SPENDING RESTRICTIONS REQUIRED

Create special homes for dementia and other patients that suffer from similar ailments instead of paying nurses and aids to watch these people 24hrs individually.

I would tell the health care sector to look for efficiency within. Consolidate the health authorities, partner with private business, and sell naming rights to hospitals. Play hardball with the overpaid nurses union and cut non critical programs.

We need to build more urgent care centres, both stand alone and withing current hospitals. People with less serious conditions could be re-directed to these care centres, saving money in the long term.

Reduce wait times, improved rural access

Consolidate health authorities, cut senior administration in health authorities and hospitals, and put more money into front line services and personal care homes.

get rid of 75 % of WRHA...for every dollar of revenue they get they have 3 people counting it

Layers of managers. Better control of fee for services being paid to Specialist

Trim the fat. Management.

Shorten wait times for services such as MRIs. Provide incentives for Family Medicine in rural and northern areas

Focus on managing and tracking individuals, and have them swipe through the phase(s) of our health care system. Once we know/can track where the money is really needed, we could allocate the funding appropriately and minimize/stem the extensive waste

Less administrative positions that just do paperwork, spend money on the people that actually do stuff like nurses.

Cut bureaucratic bloat. Keep raises indexed to inflation or frozen.

Responses

Increase funding for mental health services. Expend health care to include dental care for all Manitobans.

Less people who are not actually helping patients. Eliminate bureaucracy at every level.

Get rid of managers who don't do anything. There are a lot of "management" people who aren't doctors or nurses. Give nurses more authority to diagnose and prescribe routine medication.

No bonuses to health authority managers. No individual hosital/HA bussiness improvement units - just one small central mobile group. More emphasis on preventitive diagnostics so less emergency unplanned /seerious medical care. Improved capital plans

consider a fee for initial visits to reduce abuse of the system for non serious medical concerns. not everything requires a trip to the doctor eg doc and lower income families can be exempted. stop sending non critical cases to emergency rooms!

ELIMINATE DUPLICATION OF SERVICES AT ALL LEVELS EXCEPT FRONT LINE SERVICES

Cut wasteful redundant administration

Eliminate waste: inappropriate diagnostic/lab services, expensive physicians where alternatives could be considered (nurse practitioners, midwives, phamacists), better community care and less use of expensive emergency services.

Just have a walk at Hsc. See for yourself how many over paid people work there. Reducing salary and benefit. It a joke.

Allow private clinics to practice in Manitoba to take pressure off the overwhelmed public system.

Less to nurses, more to the allied health professionals who can actually process someone and get them discharged.

invest in prevention education and programs. long term they cost the health system far less then reaction health services especially for the most vulnerable

Less paid firefighters. Encourage volunteer firefighters. Still need to keep ambulance workers.

Responses

Preventative care. Use of athletic therapists, paramedics and nurses to ease workload off of too few doctors.

Reduce the administration (WRHA for example) and allow private clinics to open (MRI clinics, elective surgeries, etc). Cap expansion of services. I would reduce the total more if the scale allowed for it.

Major funding cuts to wrha, and overhaul of birthing centre. More money for front line services and focus on small savings throughout the entire system.

There has to be some efficiencies that can be found. It seems health care never receives the same scrutiny and job cuts/losses as other departments and should not be able to continue in the same manner as 40 percent of the budget is mind blowing!

More support for mental health - a major determining factor in emergency room usage. Would result in savings down the road.

Lower health care high paid workers. Further use of generic medication instead of brand name. Remove gratuity of health care and ask for a fee every time we pay a visit to the doctor (walk in clinic, family doctors), like \$10.

There should be user fees set so that when you visit a physician there is a nominal fee (Possibly \$10-\$15) which the patient pays. If a patient requires special test, MRI, Scans, etc and does not wish wait-they should be allowed to pay for this service

Apart from reducing waste and administration, aim to increase the number of pharmacists produced. Ration access to high costs procedure and care, perhaps on a demographic basis. Reduce emergency room visits. We're racing against demography, though

We have a huge shortage of doctors in rural areas and in most specialties. The wait time to see a specialist is very long. We have a shortage of nurses too because so many are in administration and running quick care clinics. Close them.

eliminate 30% of the admin costs,

get rid of the useless find a doctor program and just post a webpage with all doctors accepting patients.

eliminate retirement bonuses

Responses

force all Health Authorities to publish and annual itemized budget

WHRA Bureaucrats and other super managers in other regional health authorities

Room for significant improvements in efficiency of health care. Example, a mattress for a hospital is roughly 2x the cost of a regular mattress because it is hospital grade. Wasteful system! Doctors paid too much! Compare Japan's salaries for doctors

Cut the upper and middle management positions by eliminating duplication. Increase spending on nurses and doctors but should be able to save money overall by cutting all the fat from administrative positions. There is a lot of wasteful spending.

Conduct a cost benefit analysis for the RHAS, eliminate bureaucracies

Find efficiencies and allow more risk to be taken in this department by giving front-line nurses more authority and changing some high paid positions to lower paid ones. For example, there are many nursing positions that do clerical work.

First, I would initiate the introduction of Lean and SixSigma projects to improve flow through the system so that patients get treated quicker. These type of projects, if properly executed always yield cost savings and improved outcomes.

sell off crown corporations and regulate them . Pay off debt.

Increase funding to research, and programs which prevent health deterioration. Dialysis & CancerCare MB are key. Keep up the good work in having centres of excellence at the various hospitals. Increase funding for mental illness & end homelessness.

Freeze. 70% of health budget=labor and benefit costs which are significantly out of line with that available in private sector. Collective agreements must reflect conditions of the broader provincial economy. Also, cost/benefit analysis of programs.

decrease the health authorities and bloated CEO and manaagement structure while keeping front line services

Responses

Health services have a fragmented approach and appear to struggle in collectively working together. Working in silos has cost the government millions in duplication or competing against internal priorities. Better management of funding is required.

Cut down on the number of WRHA offices and staffing, conserve and cut down on energy use. Some programs are not really necessary such as the Hip and Knee replacement classes (could cover the important details in 1 class instead).

Top Administrative salaries reduced - they have been unable to provide better services despite year over year increases but have been rewarded for their failure to deliver. Future increases should be tied to performance goals.

Increase the cost support study designed to create a Business Transformation Plan for our healthcare system. Based on populations density and distribution, longevity, hospital intake, healthcare workers, etc - we need an entirely new model.

There is still top heavy management and positions can be stream lined. There is already considerable wait times to get in to see your family doctor, Any specialists are also months in waiting.

No opinion at this time.

far too much money going to directors, managers, chair people who add no value to health care

multiple layers of middle management can be eliminated or reduced, regional health authorities can be replaced by a single health authority no need to affect services at all - eliminate duplication and redundant high salary middle to upper management

Manitoba eHealth is very inefficient and not cost effective from an end user point of view. The Manitoba Gov. really needs to listen to the end users of the eHealth services - they are a very frustrating and ineffective.

Keep budget the same, but put more toward front line medical services and less towards incremental administrative reductions. Big savings could be achieved by reducing or stopping funding to chiropractors

Responses

Outlaw tobacco sales .. more long term care facilities .. get elderly out of Emergency wards. Like BC, support sick with homeopathic, naturopathic doctors. Lobby Health Canada to fully regulate (& support & promote) the nutritional industry.

Reduce RHA administration size

I would leave the number as is but I would have it spent on improving care levels and not on spending for fancy building improvements. (basic construction only)

The WRHA that doubles what each hospital already has. Either cut the hospital pencil pushes and retain useful staff or shut down WRHA

Allow private clinics to open up to help relieve the burden on the healthcare system

Reduce admin staff

reduce the administration, lower top salaries of non-medical administrators

Do not outsource on the basis of ideology and short-term savings. Quantity and quality are inevitably sacrificed.

Invest in prevention and health models instead of our sickness model. Develop incentives for people to choose healthy lifestyles.

reduce

Our population is aging, and we are keeping seniors in expensive in-patient beds while they wait for proper care beds. More PCHs would provide better, more cost-effective services to those who need it most. Primary care workers are ill-equipped

I would dissolve the RHAs. Each hospital and facility in Manitoba already has a layer of administration, and this can report to Manitoba Health directly. I would also close under-utilized facilities (ex. birthing centre in St Vital).

Lower wait times, respect the health care professionals.

reduce the duplication in the management not the front lines. Look for ways to create revenues through private investment. Have private investors supply the capital and then turn it back to the government to run, then pay a return to the investor.

Responses

Leave as is but make sure staff is giving us value for the money. Some areas may require more staff, Emergency rooms for example, but some may require less such as a general hospital ward. Point is someone should be looking at it.

The money should go to Housing and other preventative areas instead.

Hire more General Practitioners, to reduce wait times, keep people out of hospital waiting rooms. Increase tobacco taxes. Allow private clinics to open up, further reducing wait times.

decentralize delivery of services, hospital beds are far too expensive compared to home care etc. Also allow more third party delivery of health services as long as they meet a common regulatory standard

Maintain existing funding, but focus on elimination of waste and redundancy. These inefficiencies within healthcare should be addressed therefore allowing more funding to go towards patient care. RHAs should adopt standardized risk management

I think you could find efficiencies cutting down on missed appointments with specialists...using a texting, or e-mail reminder system for appointments. I think the WHRA is bloated in terms of number of employees and salaries.

Increase front-end programing that supports nutrition, exercise, healthy lifestyles - prevention is less expensive.

Increase accessibility of mental health services.

Means tested co pay for public insurance, allow private insurance, remove government monopoly on provision of service. There are other models, a purely public system is not the only one. Government monopolies drive up costs due to absence of any competition

Leave it the same and learn to live within your means as the rest of us have to. Stop catering to small special interest groups within the healthcare sector. The few do not out weigh the many

Increase the number of family doctors and twenty-four hour urgent care clinics.

Increase public information campaigns, especially those focused on early detection and illness prevention.

Responses

Maintain Pharmacare.

Need more doctors for everyone....

Tonnes of perfectly good food is thrown out daily because patients are not hungry or food quality is low. Thousands of dollars worth of untouched medical supplies in their original packaging is thrown out daily rather than reused.

Make the regional health authorities accountable for the funds they spend. Set targets for inefficiencies to be achieved. Encourage the use of technology to reduce paper work and increase information flows. Introduce pay for performance for admin staff

Review salaries paid to support and IT staff in health services. Define and enforce deliverables.

Keep the budget and front line workers the same for health, save money by firing the bloated middle and upper management and the paid "ideas" industry and their expensive public hobbies, make the professionals define and adhere to "front line".

Find and eliminate all inefficiencies, and increase health spending in areas that are working....

Increase health and public assistance for Manitobans with disabilities and/or support and strongly advocate for changes to the federal Disability Tax Credit, making it a benefit instead of a tax credit, like the Child Benefit

Include dental basic care and podiatry, are teeth and feet not part of your body? Amalamate all RHAs in the province into one.

Increase preventive health initiatives. Tax large fast food chains. Tax on bottled soft drinks and other junk food. Deal with lack of healthy food and maintain government control on alcohol sales.

Increase the number of nurses and allow them to take over some duties currently performed by doctors, such as tending to minor non life threatening wounds. Target waiting lists by buying required equipment and hiring staff to operate the equipment.

Responses

Identification cards so we only provide service to Manitobans. All put in a user fee per doctor visit. Invest in healthy lifestyle. If you prevent or prolong illness there is no cost to treat.

Force all Regional Health authorities to reduce their operating staff budgets by 10%. Quit using hospitals to panel patients for nursing homes and place more responsibility on their families. Work to establish a 3% reduction in operating expenses.

Eliminate the health authorities. It's an extra layer of bureaucracy and it's inefficient. Probably half the people can be brought into an expanded health department. Same thing as internalizing the East Side Road Authority.

Access to all drugs, not just those on the Pharmacare formulary. Proper discharge planning if people are going to be discharged quickly from the hospital. Fertility treatments for single embryo IVF would be funded.

Get rid of duplication services- decrease top management and therefore increase front line services.

Eliminate drug fees for cancer patients and help seniors and people on lower incomes with drug expenses.

Mental health needs more funding! Also, please take a look at upper management in WRHA (and other health authorities). Too many people! What about amalgamating all authorities?? Stop redoing one wing of HSC and then redoing it again so soon!

Reduce management

Improve efficiency before investing new money. Problem is semi-privatisation that takes the control away from the Government. Less culpability. Increase pay based on superior performance and include a patient review. Open Data to public

Get rid of the waste at the authority level

Create quick lines for emergency, tests and surgeries for none emergency needs to expedite service. Emergency is priority as it is usually the primary point of contact with health care services.

Get it digitized!! modernize so we can make appointments in line If we make a 10 o'clock appiontment we get it vs everyone apologizing doctor running late. Dentists and eye doctors seem to have it figured out why are MD's so different?

Minor surgery and child births in small communities, We keep losing our Doctors in Carberry because all they can do is hand out perscriptions.

Responses

Privately run MRI's, CT's and ultrasounds, including building and staffing. I would also allow citizens of Manitoba the opportunity to pay for these tests themselves, deterring many from going to the USA.

A proper dementia plan to deal with an aging population. I would also modify MDC into a dementia care facility or long term care facility to ease stress on southern MB facilities while utilizing staff and buildings already in place.

Yes, totally agree with changing the types of service. Doctor portals online. Less unnecessary stuff, faster important stuff.

S'assurer assez de personnel afin de réduire les temps d'attente pour les services dont nous avons besoin.

Pour réduire les coûts nous devons augmenter l'accompagnement des gens âgés afin qu'ils restent chez eux le plus longtemps possible, augmenté le nombre et l'accès aux infirmières praticiennes et les sage-femmes, surtout pour les cas "faciles"

Plus hauts remboursements et meilleur accès des services de santé en français

Less on Child support

I would decrease most of the managers, I work in....and we have way to many managers. We quite often question what do these people actually do?? There a lots of places to decrease spending in our health care system and not change the amount

Get rid of staff at the WRHA. They do nothing for health care but collect high salary.

I would implement a user fee on many of the services. Sports medicine should be user pay, or even privatised. Drugs administered in the hospital should be charged the same as if prescribed by a doctor,. Abortions should be charged full fee.

Cut down on the multiple layers of bureaucrats and administrative staff that have been put in place after 17 years of NDP government. WRHA, DSM and eHealth have hired so many staff and consultants (e-Health). They are not front line staff.

Increase

Pay doctors by fee for service, to increase number of doctors and level of competency. Assist doctors to set up clinics in rural and northern locations. Allow for private diagnostic and imaging services to the public. Bring in cutting edge therapies.

Responses

We need more qualified doctors and nurses and hospitals/quick care facilities to lower wait times. DO NOT privatize in any form.

Increased funding for Mental Health Services, allowing all Manitobans access to the health care they need.

We need to look at the balance between capital spending and other spending. For example is it more efficient to continue to expand large facilities like the Health Sciences Centre or is it more efficient to use more but smaller hospital facilities.

Waiting time to be attended

Reduce in-person visits and increase technology / phone based supports.

Increase community based supports while reducing acute care services.

decrease it to get rid of the extra administration with the overlap between regions, manitoba health and hospital administration - and do we really need air ambulance STARS?

Increases needed to keep up with supply cost increases and volume increases. Additional funding is desperately needed in Mental Health and specialty beds for seniors with dementia and behavioural issues. Use PST increase to fund.

Doctors billings need to be reviewed. The cost of procedures needs to be revised to reflect technological changes. If they can perform twice as many surgeries due to improved technology, the rate per surgery should be reduced to reflect that

Leave as is or increase if at all possible.

Free diabetic supplies and medication

More streamlining of management and services. There's to many offices, not enough beds.

I would look into duplication of administrative jobs and into money spent on nonessentials.

allow private facilities to service some of the demand

charge a \$30 "processing fee" for every urgent care and emergency visit Increase prescription drug coverage.

pay a portion of personal dental care expenses.

All the overtime nurses get.

Responses

A small user fee, at walkin clinics to help eliminate such abuse of such a great service.

Cut mgmt

Administrative services

There should be a fee of \$10 - \$20 when you visit a doctor, would help reduce wait times as people would think twice before going to the doctor if it is only some thing minor.

Cut administrative expenses (streamline, cut waste and senseless admin) and put most or all savings into services to people

The efficiency for sure is very poor, And why do some GP's make double or triple to the other GP's. There definitely something wrong there. Doctors need to stop giving out drugs and start healing people as well, many times doctors are guessing.

Reduce it in half

Make things more effecient

decrease

Start with the WRHA. This is a bloated bureaucracy that needs some serious trimming and re-building. Too many chiefs and not enough Indians as the old saying goes...! I worked there so I know from where I speak. Too much money wasted on top heavy...

all health issues should be free, completely free. needles for prednisone, etc free.

Spend the money where it does the most - front line staff (doctors, nurses, etc.). Minimize management and administrative staff. Health care system is top heavy.

Find all the waste in healthcare & there's plenty of it & you won't need to increase or decrease. Too many bureaucrats & assistants. start there. We need the nurses & doctors but not a bunch of people doing the same thing. Trim the depts & amalgamate

Reduce billible hours drs can submit as 10 minute appointments and continuos referals are a finacial drain.

Decrease. Need to look at reducing administrative costs and get salaries under control. Need to look at efficiencies. Salaries out of line with other Manitobans. No control on anything.

Responses

Only full time nurses will recieve full time benitits, part time nurses will recieve part time benifits. For that matter, all govt employees working part time should recieve only part time benifits and reduced wages

Allow provision of private health care services, in addition to public, to ease pressure on the public system. Introduce small user fees (\$10-20) for initial medical consultations, including emergency rooms. Address chronic medical system abusers.

Maintain and do an efficiency review. There is tooooooo much waste!!!

Decrease WRHA management jobs. It has become too top heavy with little benefit.

Yes, we have to change how we deliver programs. There are more effective ways. I think everyone should earn credits like sick time and when they used up their credits then they would have to buy health insurance. Market driven again.

Decrease salaries for nurses and admin staff. Hiring freeze

Get rid of some layers of burocrats, to get anything done planning goes thru layers and layers of people that get nothing done but push around paper to muddle up the outcome and delay progress. Bet you could do with 3/4 of existing staff. Top down

Get rid of the Winnipeg Health Authority. What is the cost of this huge administration capital exp. etc.

Add a deductible to reduce the number of people that use hospitals for stupid.....like hangnails. The entitlement mentality people have is bankrupting the system.

Reduce the ridiculous amount spent on the non productive administration. Get rid of the RHAs and let local boards look after the care facilities

Provide free prescription medication to all provincial citizens to offset public spending. Push the tobacco tax to the equivalent of a weeks wages and see how quickly people will become healthier without spending more on health care.

Reduce the administration costs. Expand nurse practitioners to take the load and cost off of doctors. Privatize at least part of the system.

Reduce redundancy and duplication in the system. Also for a choice of private if so desired.

decrease the amount charged in Personal Care homes, help vets more

Responses

Start charging for misuse of emergency rooms, if you abuse the system should be held accountable. If you go to the emergency room for a cough, or cold you should be paying a fee. Open more clinics for stitches, sprains etc.

Most people would define Universal health care as only needing to show their MB Health Card to receive timely, quality health care, not on if the service is provided by the province or a for profit entity. Most GPs are for profit after all.

You wouldn't have to change anything just get rid of the WRHA that is where you will save lots of tax dollars on Health Care.

Bargain salary and salary freezes until the province is in a budgetary surplus. This is how businesses bargain with unions - when times are good, workers get more. When times are tough, concessions are made.

Consider saving costs by amalgamating Regional Health Authorities and Districts. Charge a nominal fee (\$10.00) for emergency ward visits of a non-emergency nature.

Compile individual Regional Health Authorities, release at least 80% of all senior management as this is nothing but empire building, wage freezes for all, end bonus structures, expense account slush funds, gold plated pensions and Cadillac benefits

Reduce redundant visits. For example, people go to hospitals for injuries and then get referred to a private clinic the following day which may result in duplicated doctor assessments, scans, tests, prescriptions.

Privatize hospitals, put in a two tier system

Streamline, cost cut, allow private clinics for those willing to pay out of pocket for premium service.

Increase services respectful end of life practices it is terrible how people are treated and having access to palitive care

present health regional setup

Efficiency and duplication needs to be addressed.

I think if one could remove a lot of the red tape and redundancy one could lower healthcare spending while maintaining current programs and services.

Expand RN and pharmacist responsibilities, reduce funding to nonprofit organizations (community support services) that do not hire qualified people; increase taxes to cigarettes, e-cigarettes and move quicker to legalize pot

Responses

I would look to decrease inefficiencies within the healthcare budget by asking front line works for suggestions on cost savings or cuts (staff could win prizes). For example Stars and the Mobile Bus are not cost effective or available to all MBs

decrease....STOP paying for pensions. I do not get a pension. OThers should not also, as I am paying for their pensions.

Stop giving lucrative wage and benefit increases to every union member involved in healthcare! Their compensation far outruns the rate of inflation and we have been held hostage by them for the past 20 years and more.

Decrease. Health care is bloated with another of the money going to salaries and not the front lines. Cut down on the amount of waste between when the money comes in and when it reaches the front lines.

Allow for private health care options, There simply is no question that there isn't enough money to provide basic health care in a timely manner, allowing for citizens to pay for timeliness would remove some of the burden.

I would get rid of the WHRA as there are too many bureaucrats taking money away from the front line services.

get rid of all the manager positions, let the nurses and doctors make the decisions.

Increase the taxes on cigarettes, alcohol, and junk food. Higher prices will act as a preventative measure to better public health and reduce health care spending.

Wait times obviously need to go down, but a function of that is the amount of people who enter hospitals with miniscule issues. Find a better way of vetting patients.

Implement a deductible system for all doctor appointments and ER services.

I would start a Health and education fund of 5% on salaries over \$100,000.00. The Health portion would be for emergency funds for Heart surgiers and cancer treatment and help to maintain Doctors in Rural Manitoba. The Education portion would help defer property taxes.

Work on efficiency and control doctor's income to less excess

Decrease wait times, train more healthcare pros. Undertake a major overhaul so our system as more like EU systems with the option to pay to avoid the waiting list. Currently we have to go to the US for that. More VG paying jobs for Manitobans.

Add a monthly fixed fee ala Alberta or as Manitoba once had

Responses

I would continue to provide some increases for health spending, but I would also pressure the federal government for more support....

Shorten wait times; reduce costs by reducing administration/redundancy; invest in tech, diagnostic equipment, training, incentives to study and stay in Manitoba, MUST INTERVENE, OVERRIDE COLLEGE OF PHYSICIANS IF NECESSARY, TO MAKE MB COMPETATIVE

Spending on prevention programs like nutrition and exercise must increase in the short term so that treatment costs can decrease in the long term.

First, I would suggest the government maintains it's current level of funding for health services, but looks closely at how those dollars can be invested in health promotion initiatives as opposed to tertiary care in a hospital setting.

Fund no abortions or assisted suicide. Unnecessary bureaucracy - we must be supporting health-care related infrastructure increases over the last 50 years that do not relate proportionally to front-line work. Adopt user fees to discourage abuse.

Our wait times are the longest I the country adding more money won't fix the problem. Holding people accountable for there actions will staff are paid very well but the times continue to increase. This is an area that could be adressed

Redistribution of funds for greater efficiency and savings. Other provinces fund community pharmacist services which are lower cost, more accessible points of health care compared with hospital, community physician, nursing and access centre costs.

More funding towards 1. Mental Health Services and 2. Preventative Healthcare - decrease administrators.

Way too many administrators in this system. Privatise some tests and procedures to increase efficiencies.

Move towards a customer pay system, where the government reimburses patient for small procedures.

Allow patient to pay for quicker service.

Get rid of the 5 RHA

Streamline waste in government management, reduce wait times for procedures so folks can get back to work faster and have less time on wait lists for care. Eliminate unnecessary medical trips out of province, ie. bariatric procedures to Edmonton

Responses

There are a ridiculous number of inefficiencies in the health spending. Manitoba Health is poorly run. MB eHealth is wasteful. The RHA system has long been wasteful, nowhere more evident than the WRHA.

Include 2 tier. Do for med what Starbucks did for coffee. If people have \$ & they want prioritized HC let them have it. Can still buy a cheap cup of good Joe if I want to. Also, we have a 2-tiered education system. 2 tier will drive improvements.

I would start by implementing preventative health programs targeted to certain people who are prone to or have history of bad health habits. This practice should start to cut down on some reoccurring health costs. Educate kids early.

Reduce the fees for ambulance attendance, but deny the service for chronic abusers. Also, bring back "Filmon Fridays" for many support workers on the Manitoba Health payroll, who only do four days work in five days as it is.

I would increase rehabilitation services, such as Occupational and Physical Therapy. I would also place an emphasis on Mental Health and increasing the care provided (reducing the barriers to get through such as waiting in ER only to be sent home)

Charge a small set fee per visit, Doctor, emergency hospital.

Money needs to be better managed by management, stop the use of agency nurses and locum docs and make employees work hours that are similar to the rest of the workers in our Province.

I would not want to see any services cut. Although I do feel improved service can be found with the current monies.

Eliminating STARS helicopter would fund over 150 full time paramedic positions which are vitally needed.

Eliminate quick care clinics, sell properties, maintain hospitals and support small independent clinics instead.

Create an urgent care center in more centers more services from nurses. \$10 co-pay for office visits. Require doctors office to provide test results over phone if no big concerns for small charge to health.

Eliminate the excessive amount of administrators and other non essential staff and hire more doctors and nurses.

Increase funding to get mental health and all folks off the street...it will save health \$

Responses

Free IVF for couples having a hard time to conceive rather giving tax credit

Incentivise preventive healthcare

Too many hospitals but not enough services in rural areas.

A small change may be to have a nurse check patients in waiting rooms to see if they are wasting time and or tax money....

I would reduce the budget and reduce long term care services....

Manitoba needs more investment in preventative services like mental health for youth and adults.

No we need to maintain access to quality public health care

Energency rooms work very poorly. Waiting 7 hours when you're having a miscarriage is ridiculous

Less wait times so people can go out and earn more income that is than taxed. Ideally

more funding to mental health and to rural, remote and reserve communities.

Decrease spending at WRHA. To many salaries. also cut management positions as there are to many.

find savings in the corrupt healthcare service, doctors are lazy. ive spent soo many hours in the ER watching doctors stand and joke around meanwhile there is a huge line up. There doesnt seem to be any thing in place that keeps them motivated.

Add a five dollar appointment charge for people not on welfare

Increase

I would decrease the salaries of physicians and work on increasing the number of positions available (ie: don't have docs working >24hr shifts).

Increase efficiencies in long term care.

Private services for those willing to pay outside public system

Add more money to preventative programs like sport and recreation. Savings will not be immediate but healthier citizens require less health care costs

Get rid of all the regional health authorities. The duplication and layers of bureaucracy is astounding and only adds to the bloated cost of healthcare and doesn't go to front line services that citizens depend on.

Responses

Restrict RHA spending costs to match government restrictions, with government auditors and rules of procurement. The WRHA is the biggest waste of the health dollars we give them. & the WRHA still refuses to consolodate human resources for hospitals.

More staffing and compensation. No stupid vanity investments in new buildings/wings.

Evidence based allocation of services. Advocate for "Choose Wisely" initiatives. Support cheaper allied health services (PAs, NPs, midwives). Consider alternate physician salary systems (frankly, my future salary as an ob/gyn is ridiculously high).

Utilize more nurse practitioner to cut wait times and stream more urgent injuries/sickness. Use generic only drugs in hospitals. Doctor/nurses salaries reduced

LOL at the "By choosing to invest more in healthcare, there is less to spend on other priorities,"

Health services cost less offered in rural hospitals force people in the cities to travel to rural hospitals for service. The reverse of forcing rural people into city hospitals has not worked. This would be benifit all to rural communities and give

We spend too much on healthcare, as a reactionary measure. We need to spend more money on social services and education programs to improve peoples health. The government needs to focus on preventative measures.

cover dental, prescription, vision

Create efficiencies in hospitals. Less people standing around. Cut lucrative benefits only available to government employees (ie maternity top up, db pension, post employment benefits)

Nous devons regarder le ratio des postes premiere lignes vs nos cout d'administration. Combien coute le personnel medical, le personel administratif, le cout de nos locaux. Ou va l'argent ?

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Responses

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Funding alternative health care providers who can lessen the load on physicians and reduce costs

Allow private health services and expand OTC medication list to include general antibiotics to reduce the number of doctor visits.

Increase funding for community based mental health services. These should be dedicated especially towards people living in poverty.

Increase

More doctors like family physicians

I would allocate a higher percentage of the health budget to support public health and prevention of illness and disease. We spend too much on illness care and not enough on health promotion. We need to do less knee surgeries, hip replacements etc.

Keep the funding the same for direct health care services, but reduce the budgets for internal purposes that would include things like new office furnishings. I know there is a lot of waste in that area.

Promotion of more healthy and holistic lifestyle changes instead of relying on medications.

More money for rural services - Doctors, EMS and Telehealth.

Health is a Vital Service and is needed. I wouldn't change it..

Greater scrutiny over local hospitals with bonuses paid when institutions come in under budget. Healthcare providers need to be responsible for allowing unnecessary tests to appease the public.

1. Increases to Mental Health Care, regardless of cost. 2.EFFICIENT spending; spending in rural RHA services may result in reduced costs for rural patients treated in Winnipeg and Brandon. Such investments may have a +ROI over your term in office.

decrease unconstitutional/unlawful personal care home fees

Responses

Cutting waste is saving money. I throw away a lot of medication still in the package because that is the policy. I imagine the government pays a very very large portion for those pills. Others in health care probably see other waste areas.

Spend more on home care for seniors it will save money in the long run with less hospital admissions.

More direct home care options. This can actually reduce the burden on care home facilities.

Increase spending on mental health and addiction programs and services. Allow some privatization for services with long wait lists so people who can afford to pay for certain types of surgeries (e.g. Knee replacement) can get out of the line.

Allow private practices (two tier system).

The amount of overtime for nurses and others. Hire lower paid professionals to do the more mundane tasks of healthcare. Shift spending to reflect wellness (proactive approach).

Need to find out a way to offer better services without increasing costs. Current system is broken and needs to be fixed. We need to look at how we can better manage current services and provide service to all residents of Manitoba.

More nurse practitioners instead of doctors..

Pay doctors and nurses competitive salaries and reduce overtime drastically.

Improve the WRHA website online website for hiring health care staff. Sending confirmation of applications received & notification if positions have been filled. Improve system to match home care workers with qualified applicants to reduce pch needs.

Force facilities to find savings of 10% minimum, including but not limited to; excess administrative labour, sundries, vendor contracts. Additional \$600M available for patient care. This alone makes my budget plan in a surplus.

Focus more on primary care and prevention.

Incorporate 3-5 mental health visits per person. Everyone gets a certain amount of visits to medical doctors and you can earn more visits by eating right and being active. Alternatively, people could pay for more visits.

Increase funding for people with disabilities (e.g. Autism Program)

Responses

Cut the number of occupation therapists - More efficient in hospitals - Cut out rounds for nurses coming on shift, writing reports when shift just starts. Have nurses look after 3 rooms that are together instead patients spread throughout the floor.

I would get rid of the Regional Health Authorities and their ever increasing administration and put the savings into actual health care not very highly paid administrators who are maintaining their jobs.

decrease staff. when i go into the hospital. I literally see dozens of employees doing nothing and playing on their phone. the bottle neck is always doctors and not with the other staff members.

More specialized doctors and tech such as MRI.

Charge for missed appointments, a small charge for walk ins to reduce people coming in who don't need a doctor. Increase online or phone nurses for people who have health qs but unsure if need Dr

spend more on PREVENTATIVE measures: A social determinants of health approach would save money in the long run by slowing down the rate at which people get sick. Important to keep in mind that poor people get sick more: deal with poverty.

Increase because it is absolutely insane that dental and vision are not covered in provincial healthy care - gradually expanding provincial health care is necessary

Reduce administrative and management cost. Concentrate on providing health services.

Care for aging

all parts of the budget need to be cut. if you are going to actually reduce the deficit and ultimately the debt every part needs to use less money. I would propose cutting spending 10% on every sector of the government

Overtime policies and what the hospitals actually provide, ie meals for patients

Hire only professionals based on aptitude. *see education

institute sugar and junk food taxes, cigarette smoking registry (free health care suspended for cigarette purchasers)

Apply a user fee for hospital visit and/or doctors visits

Responses

reduce it a little bit to make room for other sectors. Since it makes up for so much of the budget, a small reduction will not have as much negative impact compared to the larger positive impact putting the difference towards other sectors to grow.

Reduce overtime pay by hiring more nurses (overtime pay capped at the equivalent of 20% of 1.0FTE) and index wages to inflation for high-income earners in the healthcare system (earners over 90K)

Reduce administration staff it needs to be way more efficient

I wouldn't increase or decrease the health budget. I would reallocate the money to the support workers from Management and higher. There are too many regional health authorities and not enough support workers.

Better service for rural manitoba - makes no sense to build a new hospital in selkirk when winnipeg is just as close - should have been built more central in the interlake

hire more midwives to replace obgyn's. they are wanted and cheaper. find efficiencies in management. Stop adding things like newborn hearing screening when the waitlist for an adult is more than a year.

Add money for infertility treatments and for midwifery care.

Find the efficiency. FIND IT!!

Nursing wages, decrease sick time, build new hospitals instead of renovating

Hospital refurbishment and improved staffing

Better emergent care in rural areas.

More preventative medicine, harm reduction approaches, better and culturally-appropriate food in hospitals and health care facilities,

You need to find ways of reducing non-urgent use of emergency services and excessive test ordering. At the same time, Specialist wait times need to be decreased. They are literally the worst in the country.

Lower the Number of middle management positions in health care and clean up inefficiencies in the RHA system.

I would implement more strategies to move from reactionary to preventative measures. I would tax things that directly negatively impact health: high fat, high sugar, high protein processed foods that cause preventable diseases.

Responses

More funding for midwifery care in Manitoba. Midwives can take care of women with healthy pregnancies and take a burden off of our doctors and hospitals.

Increase preventative Healthcare spending

I would offer health services for fee to reduce wait lines. Those that can afford to pay for CT scans, specialist services ect will pay fees/for profit clinics to avoid the wait times this will reduce wait times for those who cannot afford as well.

I believe the patient travel funding travel allowances is way over funded and is not montiored. There are planes going back and forth unoccupied because of inadequate procedures and processing of patient appointments. Many dollars wasted

No free health care. People have to work and get health insurance.

Too many managers in the provincial civil service. Ex being, alone at Selkirk Mental health Centre, there are 5 Program Managers earning approx 120,000 per yr, eliminating this one step of red tape would save 600,000 per yr.

Increase availability of mental health and addictions services and augment these services with an increase of proctor services for mental health needs as well as introduce proctor services for addictions programing in high need cases.

Decrease/amalgamatemanagement positions and provide explore more efficient front line services. Also explore social determinants of health, especially housing, for low income/high healthier need individuals

I would decrease the number of middle management positions and some of the leaders. There are far to many assistant to supervisors, project managers, creative thinkers, gift giving officers etc. . All of which are drawing a high income.

Efficiencies in bloated WRHA admin and leadership

have MNU roll back salaries by 1% and look at ways to reduce nurses overtime costs. Better utilize transitional care units, explore better use of physician private pay costs

Eliminate the regional health authorities and give authority back to the hospitals and other health care providers. Hold them accountable for meeting budgets and the delivery of quality services. Ensure any spending increases achieve results.

Maintain, explain to the public that because of budget circumstances we have to reduce some of the services available.

Responses

Increased mental health and harm reduction investments - but at the front lines. Also the structure has to be reirganized to find efficiency within the system! Let front line staff do their jobs...without the layers of jobs meant to protect the syste

downsize management and minimize increases in pay, benefits, pensions for all employees

Increase for mental health.

I think the Health system needs to work smarter. I saw major problems with efficiencies and wait times when I had to go to emergency with my son for a concussion. Someone with head trauma should not have to wait for five hours to be seen by a dr.

Establish New Zealand health care model, introducing reforms for market and health insurance elements with a select mix of public-private payments/services, government focus on those who cannot pay as a private service subsidy where appropriate

I would change the accountability structure. The health sector should be more accountable to the government. I would change the nurses agreement so they are not working so much overtime but rather have more full-time positions.

I would have drs do skype appts when feasible and have more nurse practitioners. More hands on people like aides. I would charge for urine containers, little bandaids, and other little things that most people can afford. Donor jars new equipment

Cut all unnecessary positions in RHAs & put staff into front line to provide care. Do not place a person in long term care unless all other methods like supportive housing tried.

Fewer RHAs with duplicate upper echelons.

We need more doctors and health education in the schools

I think that incontinence products should only be supplied to people who cannot afford to purchase them themselves. Home Care savings. Start charging people a monthly fee who are using our hoyers, sera lifts and ceiling tracks in the community.

A small fee (say \$5) charged to those just popping by for "visits" that aren't necessary or abusing the system would reduce the burden on doctors and improve wait times.

Responses

Accredit Peer Support workers with lived experience with mental health to provide support in hospitals and other health facilities, allowing front line workers to focus on emergencies and urgent health care.

we need to increase the budget, but we also need to look at where we are spending our money. We should stop focusing on attracting dr.s to rural areas with big incentives and look at increasing the scope of nurses who are already there.

start at the top with managers that are not doing there job for the pay they get plus bonus, eliminate over time & go back to three eight hr,shifts.for nurses

more people working and paying taxes, buying homes, and supporting the province

Unions are crippling the health care system. Having worked in....I know how much waste there is from admin costs to front line workers. If health care was run like my current company services could go up while costs go down.

A minor user fee for everyone. Some folks use emergency rooms way too often. Why was there no comment section for the income tax section? The upper level should be raised more than the other two levels.

More preventative medicine and limit unnecessary tests...ie: suspending licenses for suspected medical reasons leading to runaway costs to determine nothing was ever wrong. Get mpi out of the medical system.

I would lower medication coverage.

I would like to see more options for our seniors that are no longer able to live on their own other than essentially "institutionalization". A more equitable distribution of monies for all groups of people that cannot live on their own.

User fees for walk-in clinics and hospital visits that are non-urgent during walk-in hours.

Non-medical employees of this department will earn no more than \$45,000 for this year, including the minister.

Reduce the RHA admin duplication in regions. Stop using multi physicians as program directors. WRHA has unique physician oversight in similar programs. Change nursing staff shift pattern-inefficient. Feds pay for 1st nations ambulance fees.

maintain and find efficiencies

Responses

More investment in community mental health, particularly in rural areas but also in Winnipeg. There is a great need to evaluate current broken systems such as the CRC. Small local clinics work well at diverting people from costly emergency systems.

Introduce small user fees or premiums similar to BC

I am not convinced we would have a better outcome if we increased spending. I believe there is waste and mismanagement within the system you inherited, something that would be very difficult to identify let alone address particularly in one budget.

administrative budgets

Only offer palliative care to seniors over 85. Reduce coverage options for self-inflicted diseases like type 2 diabetes.

National Prescription Buying, actually find efficiencies and new way of providing services. Maybe bring in an MSP type fee monthly for those who can afford to pay.

Reduce the layers and number of management positions in the whole Healthcare system to increase efficiency in information and idea flow in the system. More efficient information flow will improve decision making with faster execution.

Decrease.

Decrease.

Stop flying patients into Winnipeg for treatment and healthcare. Build a Northern hospital to provide care. Train people in the north to become Health Care workers by creating a northern learning centre.

Charge those who dont show up for appointments prior to them being able to access healthcare or tests in the future.

Less prescription drugs, more exercise.

Increase front line people such as nurses and reduce overtime. Having enoughave staff. Fix the ER system -sorry not sure how, just needs to be done.

have physicians become more fiscally responsible for their activities, close small care homes in cartwright and other small towns, advertise more regarding Info santé. Physicians billing is a concern. Increase scope of Registered psychiatric nurses

Responses

Increase direct supports for mental health and homeless, no need to hire more civil servants for Big Housing etc, means tested supports like the Portable Housing Benefit deliver needed supports without superfluous and expensive new union jobs

Eliminate Boards. Reward efficient Regions. Hint Hint look at the waste and mismanagement in Winnipeg, it is grotesque. Cutting isn't a realistic option, freezing is.

better home care for seniors

Small changes like not have seconded WHRA staffers....

Roll out a plan to help health care providers and the public understand what services actually cost. Help provide opportunities for more walk in clinics and nps to decrease unnecessary er visits. Implement substantial sugar and junk food tax.

Eliminate waste and duplication in management. Make better choices in spending. For example, buy the \$2 pack of pens instead of \$3 pack or print on both sides of the paper.

The current system is very broken. Costs have increased over the years and outcomes have become worse. Unions need to come to the table with solutions, not just demands.

We need to be more efficient, doctors need to use thier time efficiently. I should not need to see a doctor twice for prescription renewal, or even every 3 months if my health is stable.

Reduce some of the insured benefits offered under the provincial health plan. Some of the benefits available to personal care home residents would also be slashed. Pharmacare deductible would also be increased and to be based on family's net worth.

Wages

The amount of project managers there is behind the scene getting paid at higher rates of front line workers.

More support for preventative health, early interventions, and efficiencies like midwives that improve outcomes and lower costs in the long run.

Increase training positions. Charge something for elective procedures. Reduce regional health authorities thus reducing bureaucracy.

I would allow for a private option so people with extra money who would like to get faster service would be able to get it out of the public system to free up more

Responses

spots.

Less administration. Less workers. Less pay for medical pros - out of line with rest of workforce.

Thin out upper management branches of mb health and RHAs. Leave Frontline workers in place

increase the funding for prevention of chronic disease through things we can easily change like activity levels and fitness

How come I can't tell you who I want you to tax? (Higher income corporate) anyways invest in training health care personal from remote community for remote community with the goal of having professional who want to live and work in those community

change administration costs, find waste we know is there

i would maintain the health budget but spend the money wisely. dont cut front life staff. involve the rha in the decision making process, we know where cuts can be made to save money, close some facilities, but involves rha

We spend too much money educating practicing nurses and doctors that do not remain in our province/country. Experiences with medical practitioners has shown both efficiency and complete disorganization. This needs restructure. Period

Increase the amount of health care practioners.

Update out of date technology to increase quality and efficiency.

I'd keep funding at current levels. Let unions pay out of pocket for inefficiences cause by unions. Or ban unions, I like a idea better. You want a raise? Work better or find a new job....

Target funding and incentives towards education related to preventative health care and healthy living ie. healthy food options, exercise

Increase investment in preventative health measures, including exercise and recreation, mental health supports, diet and nutrition, etc.

I think health services have improved lately with opening of more clinics to ease the burden on emergency rooms. I would like to see more supports for elder care and less expense when calling an ambulance. It is a burden at \$500

Responses

Target the top 5% users of the health care system with strong, in-home supports related to nutrition, housing, etc. Identify them as individuals & actively reach out to them. reduce health authority managerial inefficiencies

There are always fringe elements in the health expenses that can be done away with - things that are not essential and that government should not need to cover. I don't know what exactly there is, but I know there are always things here.

I would increase funding or keep it the same and find efficiencies in administration, where possible.

1. Reduce WRHA by 10% minimum. 2. Legislation physicians to operate private clinics by mandating 3 days public for every 2 days private they work. 3. cancel PanAm expansion and let private building

Improve efficiency - reduce the massive and just stupid amount of bureaucracy and tremendous corruption in the system - focus much more on public health and prevention

Better managed health care is possible. I....was shocked at how many elderly people were dumped [in the hospital] by nursing homes. It seemed that when a person became difficult, they sent them over to forget about them.

Start looking at alternative medicine, the Chinese have been practicing medicine for 2000 years you would think we could learn from them !! Stop letting the phamacueticals dictate our healthcare, right now I believe the tail is wagging the dog.

Reduce duplication of services within and between RHA's, strive for efficiencies within the system. Many programs are horribly inefficient, and it costs hundreds of millions a year. User fees for upgraded service levels.

Solve the problem elderly people staying in hospitals waiting for a bed in a personal care home. Curb high salaries. Look at a cost shared public/private model.

A lot is spent on bureaucracy without impact on service. WRHA occupies buildings the size of hospitals but do provide health care value. Reduce the admin costs and reallocate to front line services.

More funding for mental health services.

Add a deductible of 200 per year for hospital.not family doctor since they prevent a lot of expensive care

Responses

Fee for service. Say \$50.00 per initial walk- in visit to free up physicians time to deal with more high priority matters than the common cold. Makes people think twice before running to the doctor with minor problems.

Less dollars spent on administrators, more dollars spent on health practitioners. Lower salary of sr executive level.

cimpanies should be allowed to require a doctors note for sick days unless three or more days accumulate. Each docotors office should be required to have one walk in day per week. bulk buying of supplies and equipment. Team with sk even.

Improve support staffing levels

More money for prevention and mental health services

less wait times for referrals and specialist visits

Close or re-purpose (in a phased and responsible way) all hospitals with low occupancy (or high alternate level of care occupancy) that are within a 45 minute drive of another hospital. Adjusted for volume & CPI health spending is not unreasonable.

I work front line health. we are spread thin in places. you need to look at the managers of managers of managers.....its become ridiculous. and no one holds patients who waste the systems resources by missing apointments and many other things.

DEPRESCRIBING initiatives! Add a co-pay to home cancer drug program - richer Manitobans should pay an equitable share of the drug costs. Enforce citizens to state their ACP (advance care plan) status on their tax return + let family members know it.

Hire and pay nurses more. Build triage facilities to free up necessary emergency beds.

I would decrease the budget and allow more private medical practices to come in and take on patients willing to pay/use their company insurance for lower wait time/higher quality medical care.

To maintain service and control cost gov will need to invest in lower cost health care providers and change the way fee for service physicians bill, which incents throughput but not quality care. There and is no value for Manitobans' \$\$ in that.

Trim the bloated bureacracy.

Find efficiencies

Responses

Incentives for citizens to be physically active (gym, yoga, sports memberships). Junk foods should be well indicated and taxed heavily. Advertising of unhealthy food choices needs to banned.

Implement a user fee

Gov. Union pay generous incentives are outstripping our progress

End specialized programs with little benefit except for highly paid union government employees. Increase incentives and benefits to people with disabilities and lived experience volunteering in the community and taking stress and work off of nurses

Reduce the salary of all RHA top staff. Pay the actual medical providers. Doctors, nurses etc

More funding into preventative medicine, as well as additional supports for disability services. Also, eyecare should be covered under health coverage.

Better accounting of materials, reduction of admin staff, quit caving to union pressures and ever escalating cost

i would decrease spending on ADMINISTRATIVE PERSONNEL, you have 336 pages of employees in WHRA online and that does not include staff at ST Boniface, Riverview, Miseracordia, seven oaks, and concordia. Misleading question!!

More action on people who need help instead of postponing it for months

More rural doctors, updating equipment, etc.

More efficient services, too many clinics open during the day. Also focus on prevention/healthy living/social isolation. I believe private health care also has a place with public health care.

Invest in electronic infrastructure and programming to streamline data sharing, referrals, etc. Savings can be made by coordinating services in a new/innovative way - including the use of resources in other departments. Reduce repeat visits.

Close small rural hospitals that are old and underutilized

Responses

Lower the ambulance fee. Introduce a fee to patients who visit the emergency rooms regularly. First visit in a calendar year is covered under Manitoba medical. More than one visit you pay an admin fee (\$50-\$99) each time.

Better palliative care support

close tiny hospitals where usually you have to go to another central hospital anyway because there's no doc. Nurse practitioners are good enough for First Nations, they're probably good enough for other communities. What does Active Living do?

Redo senior management

Incentivize practitioners to help patients preventatively. I've seen many different doctors in my life and never has one EVER tried to help me with diet, exercise, proactive preventative measures, etc.

Increase spending on preventative care, birth control, and other aspects that are proven to save money long term

I think the budget can't continue to increase without limit, we have to spend more efficiently. Emergency rooms are being used far to often for non emergent care, i think we need to change the public's attitudes about medical care and what emergent

After listening to the PC government criticize the NDP for so many years about health care and the PST increase, I would really like to hear what you people propose to do while honouring your commitment to reduce the PST and keep health care stable!!

Privatize all health care services while maintaining universal health care.

Nous devons regarder le ratio des postes premiere lignes vs nos cout d'administration. Combien coute le personnel medical, le personel administratif, le cout de nos locaux. Ou va l'argent ?

- implement best practises from across other health jurisdictions
- imcrease home care \$\$
- fund more seniors care beds by redirecting \$\$ now spent on seniors in hospitals
- increase \$\$ for neighbourhood clinics staffed by nurse practitioners
 Cut funding to WRHA significantly. Streamline hospital administration.

Responses

we need to increase health spend on mental health services. The mental health access in Manitoba is appalling. So many people are in need of help and there is none out there.

What...are you doing hiring KPMG for the review of the health sytem

We need to take some of the pressure off our healthcare system by not keeping people in hospital beds that could be in personal care homes or at home with home care. We need to work quickly to increase personal care beds at an affordable price

Middle management must be reduced in order for Healthcare to be sustainable. Continue to look at efficiencies in front line services employ common sense and unfortunately gov't must deal with a very powerful union reducing overtime.

Our overburdened hospitals need to be given the power to restructure their admissions policies. Non emergencies need to be turned away to clinics to reduce wait times. Self inflicted injuries, alcohol and drug overdoses need to be lower priority.

Decrease wait times; wait times are an inhumane way to ration services!

increase, but with less middle management.

more quick care clinics to reduce the number of emergency visits. Look for savings in admin. A 10 dollar per visit charge to a clinic should be charged to people that can afford it. 50000/yr income or so.

Privatize some services. Get rid of duplication in going back to a family doctor. Put minor user fees in some tests

Foment free trade for private health insurance

Maintain, don't cut any funding, redistribute funding away from administration and executive salaries and trips etc and put it into front line mental health and health services. Far to much is spent on executives, as with most govt dept's.

Consolidate the regional health authorities. There is far too much duplication in the administration of the health care system. I think we have definately proven that throwing more money at the system does not make it better. Strive for efficiency.

Implement a minimum fee, because sometimes people attending have nothing.

More access and resources for mental health.

Fund/cover massage the way we cover Chiropractic care

Responses

Focus on reducing wait times for critical testing and surgeries. People are dying waiting for it scans.

I would maintain but look at reallocations in the system to move upstream and do primary prevention. I think there are efficiencies to find in the system.

Decrease spending on hospital by opening small clinics run by nurses with enhanced education

Find current state of production possibility frontier of different services, adjust accordingly, find opportunities to increase output of available assets vs inputs. Minimize idle capacity

Cut non essential positions a manager of a manager of a manager not required. Go vp then manager then workers ie Dr's technicians nurses etc. Abolish winnipeg regional health authority and install a streamlined management health authority.

Increases to home care funding to keep preventive and supportive services such as housekeeping and increase scope of eligibility. Also increases to PCH funding = increase staffing which has not increased since 70s despite higher needs residents

I would demand that they decrease inefficiencies in spending. Quit funding unnecessary and only marginally related training and workshops. Quit buying food for breaks during this training and stick to regular meal allowances for lunches.

maintain

Find efficiencies by cutting management and increase front line staff.

Overpaid union workers in Healthcare.

I believe there should be a pay per use after a designated number of doctor visits per year for trivial matters such as ear infections, flu, cold, many people abuse the system. Tax...tobacco and alcohol - creates pay for user system.

Get with the program! Go internet.sharing info.can reduce the number of General practistioers.utilize the moneys better. Do skype, facetime, whatever it takes.take the bull by the horns and support seniors with hearing aid,vision,and independent living

Stop letting the doctors run the system - Take measures to control wages in the health sector They are way beyond what people in other sectors earn with similar education

Responses

Eliminate the waste in healthcare mgmt and admin; change it from top-heavy administration and bloated salaries to increased direct front-line and essential service patient care, with emphasis on quality preventative care; reward based system

More efficient management

Health budget needs increased staff to help with our aging population. However, much of the money is taken by administration in health regions instead of invested in actual hands-on positions. Efficiency is key to improving health care.

the way drugs are purchased, duplication of services, reduced number of RHAs, allow for private health clinics.

I would strongly suggest more money or diverting money into the mental health system. We currently only spend about 3-4% of total health care budget on mental health. The World Health Organization states that the gold standard for MH funding should be 12% of total health Budget. We currently have a MH system that is continually being asked to do more with less. Further we need to target money into programs that divert the mentally ill away from the Criminal Justice System and back to the Health system. This would save signficant resources with a decreased need for acute care in expensive hospital beds. Having a mental health clinician working with a Police Officer responding to mental health calls would be a good start. Focussing more resources towards community mental health as opposed to hospital care will save millions of dollars. Any new resources/approaches need to be evaluated to ensure they are meeting objectives including decreased overall costs; improvement in quality of life for the mentlly ill and their families; less costs to the criminal justice system;

Review pay for procedures that have been substantially changed (e.g., cataract surgery now takes less than an hour as an out patient process), and make better use of nurse practitioners to eliminate wait time & backlogs.

Have doctors paid by the government on online apps that are pay for use. Possibly provide subsidies to isolated communities. Make sure doctors only spend less than half of their time on these online versions versus regular practice.

More \$\$ for mental health and addictions - make both more integrated and formal part of the health care system. Would have dividends across social programs and could create less costly interventions (e.g., fewer ED visits) in the health care system.

Responses

Increase Emergency nurses. NOT front line administrative rolls: nurses that can see, help and dismiss patients. Doctors are often overused in these rolls. Nurses cost less and can be equally effective in small emergencies (stiches, etc.)

Decrease wait times. Invest in more equipment like MRI machines etc.

More doctors, better diagnostic services and preventative health programs. An ounce of prevention is worth a pound of cure.

increase health budget. Get more doctors praticing here vs such long waiting times for drs into this province.

Added funding for Universal Medication's, Provincially funded HIV Medication care comparable to major provinces like BC

Hire more nurses

No change! Establish efficiencies!

Make access to medical assistance in dying less difficult to obtain.

Make it easier for healthcare professionals from outside Canada to obtain the required training here to begin practicing earlier.

Enhance staff in long term care facilities.

Look for efficiencies, ask the front line. Ensure they will not be penalized for speaking the truth.

Stop building new buildings and maintain the ones we have. Capital spending in what is out of control.

No increase, we need to find ways to reduce the costs; too many people in the north are at the hospital unnecessarily taking up valuable time for those that really need to be there. Hospitals are used as babysitters for people.

Decrease non medical positions at executive level in every regional authority. Eliminate advertising budget, make ceo responsible for budget and reduce salary by amount over budget. Make quick clinics open on off hours and weekends and holidays.

Increase the budget in step with inflation, efficiencies need to b found in services delivery and perhaps outsourcing some services.

Responses

Transfer all large building projects like hospitals, care homes, medical centres to a central infrastructure department.

Move all wellness, seniors programs, resource centres, dietitions out of the core health budget. Control doctor's abuses.

There are jobs that can be eliminated that are not front line staff. There is still an over abundance of managers, clinical educators

Increased funding for better public access to mental health initiatives.

I would decrease the bureaucrats. I would also flood the markets with doctors. Subsidize people to become doctors. Supply and demand. Also your mri area (eg) should have to be working 24/7. They only want to work mon-fri 8-4.

cut non essential WRHA funded agencies and activities.

promote quickcare services and other alternatives to reduce emergency room visitors at hospitals, this will give hospitals the ability to treat people in need immediately, find ways to make hospitals more efficient

Cut 50 percent a of regional health authority administration. They are a waste of money. Tele conference as much as possible. Save travel meals and wages. After meeting they can actually go back to work. Get health workers to help in cost cuts.

I believe Manitoba has more nurses per capita than any other province. And they are so well paid that a part-time nurse can make as much as a full-time nurse used to. This discourages efficient use of the nurses.

better monitoring of medical billing and accountability for those that are submitting billing to Manitoba health. I think that there is too much in fraudulent billing.

Our healthcare system as a whole does need to be re-examined and I'm sure there are ways to make it more efficient. What should not happen is any type of wage freeze. That would do a lot more harm than good to our healthcare system

Keep the budget the same. NO increase. There has to be efficiencies found. Administration needs to be streamlined.

Greater efficiency across the health care system as a whole. Greater emphasis on well-being and prevention.

Cut back on patient travel reimbursements. Charge patients for missed appointments.

Responses

I wouldnt change a thing..health care is fine as it is.

I think we're doing fine but lots of room for improvement and efficiencies. We should be looking to eliminate administration jobs with technology

I don't think the budget should change - I think there are efficiencies to better manage the money. Leave the rural RHA salone. Most are managed well and need every penny and if anything need an increase. The WRHA could use some tweeking for sure.

Go after overbilling, fraud, repeated charges and programs that does not work and people who abuse the system.

Eliminate the remaining Boards of hospitals in Winnipeg along with the senior management positions (CEO, CAO, CFO etc.) and have the WRHA manage these facilities as has been done in all the other RHA's in Manitoba. This will enable the WRHA to more

thigh waiting lists and health workers paid less than counterparts in other provinces it is important not to go after health care like past PC governments. discussions around opening up signed contracts it shows that the government doesn't respect

Allow for non government funded testing services to reduce wait times.

Look at policies and protocols t reduce spending around patient stays - home care spending

buy a mobile MRI. such as used in the Okanagan, this would travel to central and Northern areas saving a large expense flying patients to and from Winnipeg. Would also reduce the workload on Winnipeg MRI use.

Cut their funding make them work more efficient instead of raking the system. They aren't efficient because they don't have to be!

Free ride over!

I WOULD ENSURE EVERYONE HAS A FAMILY DOCTOR AND TRY TO REDUCE WAIT TIMES

Increase effectiveness of tele-health services. reduce doctors stranglehold on the system,

I would maintain the budget as it is. Things to save money: 1) Decrease the amount of middle and upper management jobs.2) Decrease nursing jobs that do not provide direct nursing care 3) Increase patient accountability re their care.

Responses

Reduce Wages on the professional level. The amount of money doctors and nurses are making is very high. Raising the funds last year did nothing to help with the lack of service. decrease cost of ambulance fees

Increase funding for prevention programs by further reducing administrative costs, The previous government had already reduced the number of Health Authorities. We have too many people with Type 2 Diabetes due to unhealthy lifestyles.

Focus resources on front line healthcare, especially emergency care. Reduce the size of beaurocacy. Explore privatization

Hand certain authorities for health to local governments. Includes small clinics and care homes.