

**Second Session - Thirty-Eighth Legislature**  
**of the**  
**Legislative Assembly of Manitoba**  
**Standing Committee**  
**on**  
**Legislative Affairs**

*Chairperson*  
*Ms. Marilyn Brick*  
*Constituency of St. Norbert*

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**MANITOBA LEGISLATIVE ASSEMBLY**  
**Thirty-Eighth Legislature**

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**LEGISLATIVE ASSEMBLY OF MANITOBA**  
**THE STANDING COMMITTEE ON LEGISLATIVE AFFAIRS**

**Friday, February 27, 2004**

**TIME – 10 a.m.**

Five Year Operating Plan for the Workers Compensation Board for the years 2002-2006

**LOCATION – Winnipeg, Manitoba**

Five Year Operating Plan for the Workers Compensation Board for the years 2003-2007

**CHAIRPERSON – Ms. Marilyn Brick (St. Norbert)**

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**VICE-CHAIRPERSON – Ms. Bonnie Korzeniowski (St. James)**

**ATTENDANCE - 11 – QUORUM - 6**

**Madam Chairperson:** Good morning. Will the Standing Committee on Legislative Affairs please come to order.

*Members of the Committee present:*

Before we proceed with the matters before us, we need to deal with some committee membership business.

Hon. Ms. Melnick

**Committee Substitutions**

Ms. Brick, Messrs. Dewar, Goertzen, Ms. Korzeniowski, Mrs. Rowat

**Madam Chairperson:** I have before me the resignation from this committee of Mr. Hawranik, effective immediately. Are there any nominations to replace Mr. Hawranik?

*Substitutions:*

Mr. Dyck for Mr. Hawranik  
 Mrs. Driedger for Mrs. Stefanson  
 Mr. Reid for Hon. Mr. Mackintosh  
 Hon. Ms. Allan for Hon. Mr. Bjornson  
 Mr. Aglugub for Mr. Martindale

**Mr. Kelvin Goertzen (Steinbach):** Madam Chair, I would like to nominate the honourable Member for Pembina (Mr. Dyck).

**APPEARING:**

**Madam Chairperson:** Mr. Dyck? Is that agreed? *[Agreed]*

Mr. Wally Fox-Decent, Chairperson, Workers Compensation Board

I have also received a resignation from this committee from Mrs. Stefanson, effective immediately. Are there any nominations to replace Mrs. Stefanson?

Mr. Doug Sexsmith, President and Chief Executive Officer, Workers Compensation Board

**MATTERS UNDER DISCUSSION:**

**Mr. Goertzen:** Madam Chair, I would like to nominate the honourable Member for Charleswood (Mrs. Driedger).

Annual Report of the Workers Compensation Board for the year ended December 31, 2002

**Madam Chairperson:** Is that agreed? *[Agreed]*

Annual Report of the Appeal Commission and Medical Review Panel for the year ended December 31, 2002

I also have a committee resignation from the Honourable Mr. Mackintosh, effective immediately. Are there any nominations to replace Mr. Mackintosh?

Five Year Operating Plan for the Workers Compensation Board for the years 2001-2005

**Mr. Gregory Dewar (Selkirk):** I nominate Mr. Reid.

**Madam Chairperson:** Is that agreed? *[Agreed]*

I also have a committee resignation from the Honourable Mr. Bjornson, effective immediately. Are there any nominations to replace Mr. Bjornson?

**Mr. Dewar:** I nominate Ms. Allan.

**Madam Chairperson:** Is that agreed? *[Agreed]*

Finally, I have a committee resignation from Mr. Martindale, effective immediately. Are there any nominations to replace Mr. Martindale?

**Mr. Dewar:** I nominate Mr. Aglugub.

**Madam Chairperson:** Is that agreed? *[Agreed]*

We now have a vacancy in the position of Vice-Chairperson. Are there any nominations to fill this position?

**Mr. Dewar:** I nominate Ms. Korzeniowski.

**Madam Chairperson:** Ms. Korzeniowski has been nominated. Are there any other nominations? Hearing no other nominations, Ms. Korzeniowski is elected Vice-Chairperson.

At this time, I would like to place my resignation as the Chairperson into Hansard.

*Madam Vice-Chairperson in the Chair*

**Madam Vice-Chairperson:** We now have a vacancy in the position of Chairperson. Are there any nominations to fill this position?

**Mr. Dewar:** I nominate Mr. Reid.

**Madam Vice-Chairperson:** Mr. Reid has been nominated as Chair. Are there any other nominations? Hearing no other nominations, Mr. Reid is elected Chairperson.

Mr. Reid, would you take the Chair, please.

*Mr. Chairperson in the Chair*

\* \* \*

**Mr. Chairperson:** Good morning, everyone. This meeting has been called to consider the following reports: the Annual Report of the Workers Compensation Board for the year ended December 31, 2002; the Annual Report of the Appeal Commission and Medical Review Panel for the year ended December 31, 2002; and the Five Year Operating Plans for the Workers Compensation Board for the years 2001-2005, 2002-2006, and 2003-2007.

Before we get started, are there any suggestions from the committee as to how long we should sit this morning?

**Mr. Goertzen:** I would recommend that we sit till twelve noon and we can reconsider at that time if it is the will of the committee to sit longer.

**Mr. Chairperson:** Mr. Goertzen has suggested we sit till twelve noon and review at that point. Is that the will of the committee? *[Agreed]*

Are there any suggestions as to the order in which we should consider the reports here this morning?

**Mr. Goertzen:** I understand when this committee last met to review similar reports from different years that a global discussion took place. I would suggest that worked well. It is certainly our intention to move through the reports that we have with us here today. That would probably be best accommodated if we could have a global discussion again.

**Mr. Chairperson:** It has been suggested that we have a global discussion. Is that the will of the committee? *[Agreed]* Thank you, Mr. Goertzen.

Does the minister wish to make an opening statement? Would she please introduce her officials that are with her here this morning?

**Hon. Nancy Allan (Minister charged with the administration of The Workers Compensation Act):** Mr. Chair, I would like to introduce the members of the WCB that are with me this morning. I would like to introduce Mr. Wally Fox-Decent, Chair of the Board; Mr. Doug Sexsmith, Doug is the CEO of the Workers Compensation Board. I would like to introduce Warren Preece who is the Director of Communications; Alfred Black, the Vice-

President of Employer Services and Program Development; Lori Sain, Legal Counsel; Peter J. Wiebe, the Appeal Commission; Harold Dueck, the Vice-President of Finance and Administration; and Dave Scott, the Acting Vice-President of Rehabilitation and Compensation Services.

I would like to ask Mr. Fox-Decent and Mr. Sexsmith to join me at the table.

I just have a few comments.

**Mr. Chairperson:** Please continue.

**Ms. Allan:** I would just like to say how pleased I am to be here this morning, the second time I have been here in two weeks in regard to chatting about the Workers Compensation Board, and being here in the Crown Corps committee.

I am very proud of the Workers Compensation Board and the services it provides to the province of Manitoba. In regard to the services for workers and employees, the Workers Compensation Board probably has one of the best records in the country. It is one of the only two fully funded boards in Canada. It has the lowest rates of any provincial jurisdiction in Canada. That remains a Manitoba advantage for businesses that are doing business here in Manitoba.

We also have the lowest administration cost for time-loss claim. We are very, very proud of the partnership that we have with the Workers Compensation Board and the Workplace Safety and Health Division in regard to preventing injuries and lowering our injury rate here in Manitoba. We take it very seriously. We are very pleased to have the opportunity to work with the Workers Compensation Board in that regard.

We are very pleased to be here again this morning to answer any questions that the Opposition may have in regard to the very, very important work of the Workers Compensation Board.

**Mr. Chairperson:** Does the critic for the Official Opposition have an opening statement?

**Mr. Goertzen:** Mr. Chairperson, on behalf of my colleagues on the committee, I want to welcome the staff from the Workers Compensation Board. Thank you for taking the time that you have, not only today,

but in past committee hearings, to review the different reports.

We certainly recognize that you have a difficult job to perform. I have often thought it was one of the more difficult portions of government to operate in. Obviously, you deal on a daily basis, not only with people who are undergoing stress within their own personal health, but also within their own personal finances. I can only imagine, because I have not worked on a daily basis, that it must be a difficult task. I know you also balance the needs of employers within that.

Certainly, we do appreciate the service that you provide to the Workers Compensation Board. I would like to also thank the minister for her opening comments as well. I know that she, I think, would join me in thanking the staff for their hard work in the Workers Compensation Board.

We would like to start off to kind of where the committee left off. May I begin with the question?

**Mr. Chairperson:** Yes, you may, Mr. Goertzen.

**Mr. Goertzen:** Thank you, Mr. Chairperson. I would like to start off where the committee left off the last time that they were talking about the reports in their global discussion. That was in relation to the interaction between the health care system and the Workers Compensation Board.

It struck me, when I was reading the Hansard from the last committee, how much of an interrelation there is between the proper operation of our health care system and the impact that it has on the Workers Compensation Board. Clearly, when the health care system is operating at the efficiency and the expectations of Manitoba, it makes the job of Workers Compensation Board that much easier.

Unfortunately, there is an opposite side to that coin, and that is in the environment that we are in today. Where you have longer waiting lists and longer diagnostic times, there is a strain and a stress on the health care system as a whole. Surely, that filters down to the Workers Compensation Board as well.

I would like to ask the chair for Workers Compensation if he could, perhaps, expand on my own thoughts a bit and give me some indication of

the types of strains that happen on the Workers Compensation Board, as the health care system is under strain as well.

**Mr. Chairperson:** Mr. Fox-Decent, if you may wish to make an opening statement at the same time, that would be fine.

**Mr. Wally Fox-Decent (Chairperson, Workers Compensation Board):** No opening statement, sir. I will just respond to Mr. Goertzen's question.

\* (10:10)

We spend about \$30 million a year, sir, on providing health care. When the medicare system, or the national health system, was set up in Canada, workers compensation boards were specifically excluded in terms of their clients being covered.

We continued to have the responsibility, which we do to this day, of providing for medical service as required and paying for it. We have one fundamental principle that we apply to the services that our clients need, and that is, ultimately, the choice is theirs of what medical provider they will use. We do not direct them to a particular doctor, particularly when they get beyond the family doctor stage. We really have very little, if any, interaction with our clients. They have a family doctor. They choose a family doctor. They go to that person. We pay that medical practitioner for services rendered in examination, minor surgery that may be required. If they are referred on to a specialist, we pay for the diagnostic service. We pay the specialist.

The system therefore, fundamentally, for this board of directors, and this board of directors has had the same chair for about 12 or 13 years, so there has been some continuity there, we have always maintained that our clients should be able to choose the practitioner. That has in fact been preserved in the system. Now the choice of practitioner, of course, comes up against an interesting challenge. That is, if the practitioner chosen is in a situation where a service cannot be rendered for some period of time because of the whole process of scheduling—and we use a lot of surgeon services in the sense of bone and muscle; that is a huge annual process for us of providing corrective surgery in those areas—when we cannot get a person in to be looked after at the optimum time, then, of course, it adds days to, as we describe it, the days in pay for that particular person's

situation. Then that, in turn, comes into conflict with a goal. We cannot go into a level of detail, I do not think, on this, this morning, but the goal is to get people back to work. It is felt to be therapeutically positive for them.

Secondly, it has an impact in terms of what the employer is doing. That person is not at work. There is obviously a desire on the part of most employers to get that person back to work. In fact, we have accommodating mechanisms that we use to provide alternate work during a period of healing, but you say what is the impact in the system. If we are always faced, or often faced, or often enough faced, with periods of waiting, then the length of the person's dependence on us as a wage replacement entity becomes more significant. So we are always looking for ways to create efficiencies for us with our clear responsibility to provide the medical service and to pay the bill.

**Mr. Goertzen:** I would like to thank Mr. Fox-Decent for that answer. Certainly, in my perspective, the salient part of your answer related to the fact that, when you have increased days in pay because there is pressure on the health care system, that does, in fact, impact, of course, primarily on your clients whom you have the utmost concern for, but also on the bottom line of Workers Compensation. I suspect that that is a natural result.

I wonder if Mr. Fox-Decent can advise the committee if Workers Compensation has tried to do any type of economic analysis to quantify what the cost might be as waiting times for doctors, or for diagnostic or other types of treatment, extend in the health care system, if there has been any kind of examination of the actual economic impact, quite apart from the impact that it has on individuals.

**Mr. Doug Sexsmith (President and Chief Executive Officer, Workers Compensation Board):** I can say that we are looking at this issue on an ongoing basis. For example, if we were able to reduce the time that it took to get services in some areas, we could obviously reduce the average duration of a claim. Now those are assumptions. We can never say for sure what quicker or more expedient access to some types of services might mean, but the general answer to your question is yes. We are looking at this type of thing on an ongoing

basis. We are looking at all of our processes within our medical area on an ongoing basis, and we are looking for ways to improve those processes and to improve the service that our clients get.

**Mr. Goertzen:** Certainly, that addresses an area of process, but my specific question, maybe you answered it in terms of whether or not there has been an economic analysis done of the impact on Workers Compensation. I am not sure what the quantitative form would be, how you would measure that economic impact, but certainly you are saying there has been ongoing work on this. Can you tell me if it has been an economic review and whether or not that information is made public?

**Mr. Sexsmith:** I can give the member some indications of some work that we have done. I cannot give you an overall economic analysis because we have not done the overriding economic analysis, but we are certainly looking at the implications of some of our service in various spots. I can tell you the average cost is about \$350 a week for a claimant, so if we can reduce claims by a week we can probably save in the area of \$100,000 to \$120,000 a week. That would be looking at something like reducing the duration of a time-loss claim by about a week or so across the system.

**Mr. Goertzen:** I would like to thank Mr. Sexsmith for that answer, also for the numbers that you provided. If there is further information that you can provide along that regard in terms of the economic impact that our, if I could say deteriorating, health care system in Manitoba has on Workers Compensation, I think that that would be valuable. It is valuable to all taxpayers in Manitoba, but of course it is valuable for the employers who help to fund Workers Compensation. I think that is information that they need to know about that in fact there is an interrelation, within our economy and within our society, between Workers Compensation and health care.

I wonder then, since it is clear that officials at Workers Compensation have turned their mind to this issue and have gone so far as to do some economic research and analysis, if they have also turned their mind of ways to alleviate that particular strain, whether or not there are ways. I can assume that, in the ordinary course of business, I know Workers Compensation is not that, but in the

ordinary course of business if a company was finding that there were strains and pressures being placed on them because of a particular input or a particular supplier, they would no doubt look for ways to alleviate that strain to ensure the long-term viability of their individual corporation.

Of course, Workers Compensation stands apart from an individual corporation in that its relationship with government is different, but surely if you have gone to the work and put in the resources to look at that economic impact with health care there may also have been analysis done on what alternatives could take place to alleviate some of that strain.

\* (10:20)

**Mr. Fox-Decent:** May I just begin, and then I will pass to Mr. Sexsmith.

In response to your question, sir, we do indeed look for ways that we can have a more efficient access to the system for our clients. We do not, of course, have our own system. We access the systems that are there. We will send you more information, make a commitment, on the analysis of costs-per-day, costs-per-month, costs-per-year and how certain forms of interaction that we might introduce might make a difference to those costs.

One of the ways that we have looked for a better access in the system is in an area where there are not only some problems when there is delay relative to paying for more days but I think it is also fair to say that it has a very negative impact on our clients when they are not able to have a reasonable and thorough diagnosis of what is wrong with them. The whole issue of diagnostic service is part of the health system. I am going to ask the CEO if he will give you some example here.

**Mr. Sexsmith:** I would just like to add one other comment. What we are looking at in this area is more than a purely economic analysis, of course, because, as you probably know, we are doing our best to reduce the number of injuries in the province, so, while we are very concerned on an economic basis and we are looking at that and watching our finances carefully on an ongoing basis, we are equally or more concerned about making sure that we prevent injuries and get people back to work quickly. Of course, the more injuries we prevent coming in the



front end, the fewer people and families that suffer throughout the system.

Just to add a little bit further to what Mr. Fox-Decent said, one of the issues, of course, that we are looking at all the time is access to diagnostic services, for example. We have had, and I did state publicly last fall that we had some discussions with medical facilities around, looking at the possibility of improving access to diagnostic services in some way, whether that be through an arrangement with a facility, or probably would be through an arrangement with a facility to ensure that workers can get some sort of arrangement where they have the best possible access, for example, to an MRI to try and speed along their recovery from an injury.

**Mr. Goertzen:** I would like to thank both Mr. Sexsmith and Mr. Fox-Decent for that answer, I guess more specifically, and Mr. Sexsmith you note the issue of prevention. I think all of us would be in favour of the work that Workers Compensation Board does in terms of working towards prevention education, but there is also a realization, of course, that no amount of education will stop all workers' injuries. There are just some that will happen, unfortunately, but the work that you do in terms of prevention and education is important.

I would like you to expand a bit more. I think Mr. Fox-Decent referred to it as certain forms of interaction that Workers Compensation has looked at, and you referenced specifically about access to diagnostic care, Mr. Sexsmith. I wonder if you could expand a little bit more about how that type of interaction would work or that type of movement into a diagnostic treatment would actually take place because, of course, there are Manitobans across our province not involved in the Workers Compensation Board scheme who are looking for diagnostic services but are not necessarily within your particular realm who might wonder, well, how do I fit into this? What kind of impact would it have on me if Workers Compensation is going about and making separate arrangements for a diagnostic care?

**Mr. Sexsmith:** I am a little bit limited in how far I can go with this because, of course, we do not have anything in place yet, but we have had some discussions with health facilities around the possibility of helping them to improve access for all Manitobans and, at the same time, helping the WCB to improve access for WCB claimants to shorten up some of the

times. Those discussions at this point are limited to access to diagnostic services, and so I think that is where we are at this moment.

**Mr. Goertzen:** They are limited to access to diagnostic services, you suggest, but I imagine that in any negotiations it is more than simply going to a health care provider and saying that we have X amount of claimants within Workers Compensation who would like to access diagnostic care so that we can remove them from the days in pay.

Certainly, there must be an economic impact. I am sure that the health care provider might be saying, well, can we have a certain amount of contribution from Workers Compensation return for that?

I wonder how those discussions—I know they are not complete, as you indicate, but surely it must be one of the first things that would come up in discussion about how this type of cost-sharing arrangement would happen, whether it would be as part of the operation of a facility, or perhaps even towards the capital cost and appreciation costs of equipment as you go forward.

**Mr. Fox-Decent:** It might be helpful, sir. Pardon me, I just have a bit of water down the wrong way. I wonder what that will mean on the record. Oh, well—*[interjection]*—interpretation, exactly.

The board has—this is our nine-person tripartite board of directors, three labour, three employers and three public-interest—unanimously authorized the administration to enter into discussions with health care facilities in the province—that would include the Pan Am Clinic, it would include the Maples clinic, it would include agencies of Winnipeg Regional Health Authority or rural health authorities—toward us directing some of our resources, some of our money, to accelerated diagnostic service for our clients.

The money arrangement has not been concluded. There are some discussions ongoing with facilities. I would think that there will not be capital. You are asking me: How does this work in money terms? I think it is fair to say that we are not talking about capital, that we are talking about payment for service as service is provided. We are talking about the possibility of leasing a part of the total capacity of an MRI, for example, but we are not talking about

purchasing or participating in the purchase in the sense of capital of an MRI.

**Mr. Goertzen:** Thank you, Mr. Fox-Decent, for your comments. I guess I find some of it troubling in the sense that, when we talk about leasing facilities, or leasing the capacity for diagnostic treatment, in my past experience that dealt with commercial leasing there was always built within the cost of those leasing arrangements the actual capital cost of whatever it was that was being leased. It was never simply a leasing of individual space. There was always a component, from those who were doing the leasing, of a capital cost. So, while I think it might be easy to say that it is simply going to be providing us access, I wonder how it is that you can really separate out the costs of the actual equipment beyond its operation, the cost of the equipment when it is being used by the Workers Compensation Board.

\* (10:30)

**Mr. Sexsmith:** Well, that is a subject of ongoing discussions in terms of what sort of financial arrangements we can make. Of course, as I mentioned before, we will not enter into a deal with anybody unless there is a good business case there for the Workers Compensation Board and its claimants. So, in terms of whether it is capital or whether it is leasing and whatnot, we are not, as Mr. Fox-Decent said, looking at capital. We have not sorted out all the details in terms yet. There are discussions going on, and there will be discussions going on for some time yet, I think, before we have all of those details settled.

**Mr. Goertzen:** Thank you for your comments, Mr. Sexsmith. But I guess it is fair to say, then, that you have not ruled out the aspect of a capital contribution, whether it is built in through the lease. You say that the negotiations are ongoing. I am wondering if you are committing here today that there will be no capital contribution buried in a lease or separate from a lease. Is that the commitment you are making to the committee today?

**Mr. Fox-Decent:** I think, sir, there is no capital being contemplated. I am not sure that it would be responsible of me to say that it may not come up at some point in the future, but certainly in the negotiations that are ongoing at this point in time, and I am trying to be honest, not clever, there just is not a capital component as we would normally see

capital. We are talking about fee-for-service. We are talking about the possibility of lease arrangements that would give us some accelerated access. We have about 800 orthopedic services a year that require MRI diagnosis. We would therefore be looking for an ability to purchase, not necessarily 800, because there may be some reason why a client or a client's surgeon does not want to go to a facility where we have an arrangement.

Remember, I told you the fundamental is we want to preserve freedom of choice for people. But one would assume that the great mass of people would be happy to be diagnosed early and then be able to therefore have their surgery earlier, and so on. I would just fall short of categorically saying that there is no possibility whatsoever at some point in the future, relative to capital considerations, but in the foreseeable future there is not a possibility. The foreseeable future, to me, is extending two, three years, four years down the line.

**Mr. Goertzen:** I do thank Mr. Fox-Decent for his honesty. I do think that you are trying to be forthright with the committee. But I do note, for the record, that you have not closed the door, that it is, certainly, a possibility at some point in the foreseeable future. I do appreciate the honesty in that regard.

You know I find, not to be hung up on this particular point, but I do find the aspect of these negotiations interesting because, obviously, the solution to all of this would be to have a health care system that was working effectively and efficiently. It would reduce the strain across the system.

I recognize we are not debating Health estimates or reports today, so I will not delve necessarily further into that, but it does seem to me that there would exist somewhat of a natural strain when you are looking at moving into—"taking over" probably is not the right phrase but maybe it is—taking over some diagnostic time from health care providers. I imagine that the general public would look at this and say: well, you know, I am not in the Workers Compensation scheme, but, for whatever reason, I have needs for diagnostic treatment. My family has needs for diagnostic treatment. Why is it that I have kind of fallen into a second tier of health care?

Obviously, we are sensitive to the needs of those people who are in the Workers Compensation system, but we are sensitive to the needs of all

Manitobans who are trying to access health care. But the strain becomes particularly, I think, interesting because we know, and you have mentioned and you have acknowledged at the beginning of these committee hearings, that there is an economic strain on Workers Compensation because of the delays. So certainly, and I think you have acknowledged it, there is a motivation from the Workers Compensation point of view to move people more quickly through that system.

We have seen the motivation from the Workers Compensation side but it, certainly, I think, does raise questions about the conflict, if you will, between the need of government to try to reduce its costs—I say government in the sense of the Crown corporation—but perhaps it might be at the expense of others who are trying to access the health care system.

I wonder if, in your negotiations, there have been those kinds of assurances that, while Workers Compensation may be looking for increased diagnostic ability for its own clients to relieve that pressure on government, a situation in some sense, I think, they created themselves. I am not speaking to the employees or the staff and officials at Workers Compensation. I am saying, specifically, that the Government has created this problem within the health care system, but you are left to deal with it. So here you are trying to relieve that economic pressure. But can you give us assurance, can you give Manitobans assurance, that your needs to move into the diagnostic areas or health care facilities will not come at the expense, I say expense both monetarily but more so in terms of treatment, of Manitobans who are not within your scheme?

**Mr. Sexsmith:** I would just like to, at the outset, add that our ambitions to improve the way we deal with the medical issues that our claimants have is one component of what we try to do to improve the system. We do not pick on our medical area alone. We are looking at improving processes, improving the way we do business, improving our service, decreasing the duration of clients on the Workers Compensation system through a number of ways, not only through the medical ways but through improving our systems at the front end of the system, providing a better and more comprehensive service, working on our return-to-work initiatives as well. That is an important point, I think, that we are not isolating the health care system. It is one of many

components that we are constantly looking at to improve the service that we provide.

Now, having given you that long story, I need to refocus on your question. Maybe you can remind me again of the specific point.

**Mr. Goertzen:** I would be happy to. Pointing out that, it seems to me, there is this strain on Workers Compensation because of the ineffective, or perhaps not optimal, way that the health care system is currently operating today. So I see Workers Compensation is trying to access health care to relieve some of its own economic strain, but I am concerned and I wonder what impact that has on Manitobans who are not within the Workers Compensation framework who are also trying to access those same types of services. I wonder, in your negotiations, what kind of assurances you can give this committee that the type of negotiations that Workers Compensation is having to try to help its clients will not affect Manitobans who are also trying to access those same services.

**Mr. Sexsmith:** I think it is important to come back to the point that I mentioned earlier, that we are looking at a business case here that would be win-win for both sides. If we can contribute to, for example, the Winnipeg Regional Health Authority providing improved access for its patients and, at the same time, improve the access for our patients, that is really what we are looking for. So we are not looking to be in a situation where we are gaining an upper hand in any way. We are looking for something that improves the situation for both sides of the table here.

**Mr. Goertzen:** I do appreciate those comments, and certainly I know that you are working to look after the best interests of those Manitobans who are in the Workers Compensation scheme, but it does seem interesting to me that you have found something, maybe, that others in government have not found.

It almost seems that there is some type of slack in the system where there is the ability to find diagnostic treatment within the health care system that others have not been able to find. I mean, the question might be, and I am not going to ask the question because you are not the Minister of Health (Mr. Chomiak) and the Minister of Health is not here and responsible for this committee, one would wonder why the Government has not tried to access and

to tap in to that extra resource and slack that you seem to have found in the system.

\* (10:40)

So I commend you for being able to go forward and find that additional diagnostic treatment, perhaps, but I wonder why it is that it seems that Workers Compensation has a key to this magical door of, perhaps, more facilities and treatment, and other Manitobans have not found that key yet.

**Mr. Sexsmith:** I would not want to try and say that we have a magical solution to this. What we are doing is discussing options for a business arrangement. We are looking for a solution that suits both sides and helps to improve access to service, not only for our claimants, but for those being served by the health authorities as well.

**Mr. Goertzen:** Again, I appreciate that perhaps this is a difficult line of questioning for you to answer all of the questions. In my mind, unfortunately, I know what you are saying in terms of a win-win situation, but I perhaps see it as a win-win situation for Workers Compensation and its claimants. I am not exactly sure how this is benefiting others who are not within the Workers Compensation scheme in terms of trying to help out their own health care needs.

I will not pose that question to you, I suppose, because it might be somewhat beyond the expectations of what I would hope you to know about the health care system in general, but the question that I will pose to you is to be a little bit more specific, maybe, about these ongoing negotiations.

Where are we, kind of, on the football field of this? Are we at the 50-yard line? Are we close to getting into the end zone in terms of having a negotiation? Obviously, I am expecting you will not be able to reveal the specifics because they are negotiations, but I think it would be helpful to this committee to get a general broad-based understanding of where we stand in terms of these negotiations.

**Mr. Sexsmith:** As Mr. Fox-Decent pointed out earlier, the board did authorize staff to negotiate with health care facilities to look for options for improving some access to diagnostic services. So we have been back and forth. As negotiations are prone to go, we sometimes think we are at the 70-yard line and then at the 30-yard line; but, if we are describing it in

terms of a football field I would say maybe we are at the 40-yard line, our own 40-yard line at this point in moving forward.

**Mr. Goertzen:** Being a bit of a football fan myself, I am going to stick to some of the analogy, and, of course, in team sports, we talk about teamwork. I wonder to what extent the Department of Health has been involved in these negotiations, because clearly, as I have put forward as an argument, this will have an impact on Manitobans, because we are all accessing one system.

I think that it is proper that we are all accessing one system, but I am concerned, again, that while we are all accessing one door, others might have the ability to get to that door quicker than other Manitobans. So perhaps you can assure me that Manitoba Health is actively involved in these negotiations in terms of protecting the interests of those who are not in the Workers Compensation scheme.

**Mr. Sexsmith:** Yes, I can give you that assurance that the health authority officials are involved in the negotiations.

**Mr. Goertzen:** Can you indicate, and then I am going to turn it over to my colleagues after this, what level in the department is involved in these negotiations?

**Mr. Sexsmith:** Officials from the health authority at the vice-president level have been involved in the discussions.

**Mrs. Myrna Driedger (Charleswood):** If I could just ask Mr. Sexsmith, he is talking about these negotiations being conducted with the Department of Health, or is it with the WRHA?

**Mr. Sexsmith:** The discussions that we have had so far have involved the WRHA and the Pan Am Clinic. I should say, as authorized by the board, we also have had discussions with other medical facilities as well.

**Mrs. Driedger:** Have there been any discussions with the Maples clinic?

**Mr. Sexsmith:** There have been some discussions with the Maples clinic. Some of our staff have and in fact I have met with representatives of that facility.

**Mrs. Driedger:** When you are talking about these discussions, could you just summarize for me the specifics of the discussion? Are they around leasing, for instance, an MRI, or are there any discussions about any monies being put forward for capital construction or facility fees?

**Mr. Sexsmith:** Coming back to the point that Mr. Fox-Decent said earlier, we have not been proposing that we put forward money for capital at this time. We do not foresee that happening for the foreseeable future. I think it was described as a number of years down the road.

**Mrs. Driedger:** So the discussions you are having around this particular issue are mainly around where to find the diagnostic treatments for your clients, and some of those discussions are now including discussion about the lease, and I am assuming it might be a lease of an MRI.

**Mr. Sexsmith:** Our most recent discussions over the last few months I would describe as being concentrated on diagnostic services. Yes.

**Mrs. Driedger:** Are most of your diagnostic services related to MRIs?

**Mr. Sexsmith:** Most of our discussions have been around MRIs. Yes.

**Mrs. Driedger:** When you are talking about leasing equipment, then, is it the lease of an MRI that is under discussion?

**Mr. Sexsmith:** Yes. It is the MRI, the diagnostic services concentrating on MRI that are under discussion. I want to be cautious, though, about what I say about leases because, as I described earlier, the negotiations are early. There have been discussions around that but I cannot say that that is definitively where we are headed at this time, although there have been discussions.

**Mrs. Driedger:** Is the discussion of the lease of an MRI related to the MRI at the Pan Am Clinic that the Government has made a commitment to put in?

**Mr. Sexsmith:** The discussions that we have been having around an MRI have been with the Winnipeg Health Authority and the Pan Am Clinic. Yes.

**Mrs. Driedger:** Have there been any discussions about, for instance, or any offers, for instance, by any private facilities to offer MRI services?

**Mr. Sexsmith:** We have had some very preliminary discussions about the possibility of MRIs being available through other facilities. We have not pursued those further, at this point, because we have concentrated our discussions on the area where we think we are most likely to be able to come up with a workable deal.

**Mrs. Driedger:** I am curious about one thing. Because Workers Comp for years has been getting expedited care, for actually decades, and that is part and parcel of Workers Comp, I am assuming across the country, that expedited care is what you want because it gets your clients back to work and there are so many benefits to everybody involved to have workers back to work very, very early. So, expedited care is, certainly, something that achieves that. We have been providing expedited care for Workers Comp for years in Manitoba without any involvement by WCB in leasing any equipment.

Are you feeling now that you are not getting the level of expedited care you need in the current system and that you now have to put money into leasing equipment to try to get better expedited care?

\* (10:50)

**Mr. Sexsmith:** I am sorry. I am not sure which expedited care you are referring to. But I can tell you that, as part of our ongoing operations, we are looking, as I said earlier, to improve our service all across the services that we provide. We are constantly looking for ways to improve our service, whether it be to find some way to get people back to work sooner or to pay injured workers who need funds more quickly. So, I guess, I would say, as part of our constant efforts to improve our service, this is one of the avenues that we are looking at.

**Mrs. Driedger:** My question relates to why WCB would now be considering spending money on leasing equipment when in the past they have never had to do that to get the level of care that they want. What are the circumstances out there right now that are causing you to leap into the discussions about why you should be involved in leasing equipment?

**Mr. Sexsmith:** The circumstances are that, as I mentioned, there is a business case. We think there is a business case to be found through some of the discussions that we are having, from two perspectives. As I mentioned earlier, there is an economic business case. We see a possible opportunity to reduce some of the suffering that goes on as workers are injured. As time goes by and their injuries last longer, we would like to have that duration, as we said earlier, reduced. This is one mechanism where we see a possible business case for helping that out.

**Mrs. Driedger:** So are you saying if you do not get involved in leasing equipment that things will get worse for your clients?

**Mr. Sexsmith:** No. What we are looking at is ways to make improvements. If we do not get involved in leasing we do not necessarily see it getting worse but, as I mentioned earlier, we are looking for ways to make it better.

**Mrs. Driedger:** Could you tell me if there has been any discussion with all the business groups out there, or the employers, I guess I should say, that are involved with WCB? Are they in favour of monies being directed into leasing an MRI?

**Mr. Sexsmith:** Other than some informal and casual phone calls or conversations with various employers, this is not something that we have gone out to canvass, the employer community. However, I would say that we have been given direction on this by our board, of course, which contains an employer component, so they are represented in that regard.

**Mrs. Driedger:** I guess I would ask Mr. Fox-Decent: Has the board been given any instructions to consider leasing equipment? I guess I will be a little bit more specific: Has the board been asked by the Government or the Department of Health, or employees thereof, to consider leasing this equipment?

**Mr. Fox-Decent:** The answer to that is no. However, we certainly have been made aware—and this has led to the negotiations and the board authorizing negotiations, that a component of the expansion of the Pan Am Clinic was to be an MRI, and I think the board sees this not as leasing the MRI, but leasing time on the MRI. The expedited factor of time is partly a matter of paying a lease fee for a block of time. So that discussion has taken place.

Mr. Sexsmith has referred to our desire to improve service. Let me give you another example. The Maples, when they first came to town, wanted to provide service to us, but they wanted to provide service at a special price, and the special price was a plus price, not a special price negative. We talked to them for some time and said, if you can provide us service at the same fees we pay for the public system, and I hope I am not revealing privileged information here because I think the end of the story is a very good one for us and the Maples, then we will be happy to have you provide us service. They agreed to pay the same fee as we pay in the public system for services that are rendered, and we do a lot of work, or Maples does a lot of work with us. We have many of our claimants go to the Maples for service.

So the way I see this is slightly different from what Mr. Goertzen was suggesting, with respect, and I really do mean with great respect. I think we see that the discussions we are having with Pan Am will probably lead to another MRI in Manitoba, and since it is not a particularly plentiful resource—and I am not making any critical comment there; MRIs are very expensive machines—we see that as being an addition to the medical system. We will be using a portion of the time there, and then whatever happens with the rest of the time is up to the Pan Am Clinic and up to the Winnipeg Regional Health Authority.

We see this as a win-win because it provides additional service for us, this new machine, this new facility, but, at the same time, there is going to be—what is it, Harold?—a third of the capacity will be unused by us, or is it more? Sorry, but I am just trying to give you a figure here. *[interjection]* Sorry, we would be using one third of the total capacity of this machine. The other two thirds are available for the general public, the non-Workers Compensation people.

**Mrs. Driedger:** Some of the information I am going to be discussing now in relation to this, I will be making some references to the business case for clinic expansion and capital purchase related to the WRHA Pan Am Clinic site of a report that Meyers Norris Penny put out last year. Certainly, what they were looking at, and what the discussions included, was the transfer to the Pan Am Clinic of 700 MRIs ordered annually for WCB patients. What you are saying now is that your discussions are including that

only a third of those MRIs would be going to the Pan Am Clinic and two thirds would be going elsewhere?

**Mr. Fox-Decent:** No. I am sorry, I probably did not make myself clear. What I am saying is that the time that we will use of the new MRI, if it comes into place and our negotiations are completed, will represent one third of the usage of that MRI. The other two thirds will be available for public use in the normal national health context of public use.

**Mrs. Driedger:** I apologize because that was my misunderstanding of this. Could you indicate, then, that your one third would constitute 700 MRIs?

**Mr. Sexsmith:** Yes, it is approximately 700 per year.

**Mrs. Driedger:** So, while we have not heard very much more coming out of this report that was actually leaked to us last year, and we did ask some questions in the House about it and then very little has been heard publicly since that. You are still obviously, then, considering sending your 700 MRIs there. In this report it does talk about a capital investment that the WRHA would have been seeking from Workers Comp to put into that MRI machine. In just different discussions that your money is still going to flow there, but it is not going to flow in the obvious way of a capital investment, are you now talking about it flowing there through a leasing investment?

**Mr. Sexsmith:** Just one important point there. I think it was mentioned earlier that we do not send people in any particular direction. We do about 700 MRIs a year, many of which may end up going to this MRI, but we certainly will not direct people specifically. People will still have the option should they want to go somewhere else and another option is available. That is just an important policy point for us. But, yes, even though that report may make mention of capital, we have gone down a different route since then. We are not heading down that capital route.

**Mrs. Driedger:** But it would seem to me that that money is still going to be flowing from you through a new leasing agreement that has never been discussed before, to my knowledge, by WCB. That they have never—or maybe I should ask the question: Have you got a track record for leasing equipment at any other time in your history? Like MRI equipment—I should be more specific.

\* (11:00)

**Mr. Fox-Decent:** I guess I go back a little further, so it might be more helpful if I try to answer the question. We have considered all kinds of medical options over the 13 years that I have been associated with Workers Compensation, including buying, building—some WCBs have their own health care facility. We have looked at that and decided it simply would not be a cost-effective means for us to provide delivery to our clients. We could do that. We could build our own hospital. We could build our own diagnostic facilities. I think it would be enormously expensive and, therefore, not the way we should go.

We have looked at leasing space for rehabilitation service to our clients after they have had whatever surgery or whatever treatment and they still need to spend some time away from the workplace. We would have physiotherapists there and so on. That also was a non-starter, ultimately, because we just thought that it was not a particularly effective way to use a very large sum of money.

Have we ever participated in an arrangement where we get service in return for what is, in part, a lease arrangement, which leases a space of time? I would respectfully remind that we will still be paying a per-diagnosis fee as well. So it is partly leasing time on the machine. It is partly a fee for individual service.

I think over 13 years, we probably have looked at—but I think it would be fair to say, Mrs. Driedger, that it has not been a common practice of ours. It would have been considered in a context of looking always at how we can deal with the medical issue. It would be wrong for me to leave you the impression that we have commonly considered participating in a process by partly using a lease mechanism to do it.

**Mrs. Driedger:** I would like to ask the minister a question. I wonder if she could tell me if she or the Minister of Health (Mr. Chomiak) or any of their staff have asked WCB to consider leasing the MRI.

**Ms. Allan:** At the committee hearing that was two weeks ago, I said very, very clearly that I was not, that I had absolutely no information in regard to anyone putting any pressure or asking or directing the Workers Compensation Board to do anything in regard to leasing an MRI.

**Mr. Peter Dyck (Pembina):** Just to pursue this a little further and, you know, maybe to put on a different hat as an employer, employers are the ones who pay the premiums to the WCB. I guess from, I would direct this to Mr. Fox-Decent. The employers who are on your board, would they be recommending from the business approach and perspective that they would want the WCB to get into leasing arrangements?

Just a follow-up question to that: Is there, then, a return, if you get into the leasing of the MRIs, a reciprocal agreement where, in fact, this is then being paid for by others who would use it and, as has been indicated clearly, that this would be open to other clients as well? I am just wondering if you could respond to that.

**Mr. Fox-Decent:** The board has unanimously supported the negotiation with health care facilities which has at this point in time centred on the diagnosis side of the House for us.

There is another dimension here which is days that may be consumed in waiting for surgery, for the actual surgery to occur, if surgery is what is at the end of the road. We have been concentrating on the diagnosis issue and the employers have unanimously, in fact the whole board has supported and given direction to the administration to have these discussions. The CEO has reported back to the board as recently as yesterday on his discussions. So the board knows what is happening and the board is supportive of what is happening.

**Mr. Dyck:** So that is part of it. I realize they are trying to improve and to increase the access and speed up the time and so on for the clients that are out there, but in this whole reciprocal agreement that you would have, would there be dollars flowing back into the WCB from the lease, so in fact it would cover the cost of doing it?

**Mr. Fox-Decent:** I am just a bit reluctant here, sir, only because this is all still under discussion. I am not trying to hide behind that blanket.

I think it is fair to say that certainly what is on the table is reduced fees for service, so we would pay for part of the service through this lease arrangement, whereas in the public system the fee is X for an MRI diagnosis. We would be paying a reduced fee. So we

do not get any money back but we pay less, if I could put it that way.

**Mr. Dyck:** Again, the reason I am saying that—

**Mr. Fox-Decent:** If I may just add, because you are asking is there something coming back to us, we think if this is put in place it will significantly reduce the number of days or what we call duration in a number of cases.

Also, we are paying less, as I have indicated to you, relative to the fee for service. The net will be that it will be a saving to us as an organization, that our bottom line will look better.

**Mr. Dyck:** I am pleased to hear that because, again, I think, as was said at the outset here, it is the intention of the WCB to try and be as competitive in their rates as possible and of course it was indicated by the minister that this is supposed to, and is, hopefully, the Manitoba advantage. This is a premium that is being paid by employers and certainly it is money out of their pockets.

Just going back to comments that were made previously about access to care, I noted with interest and in fact I have been working with two constituents of mine in the last eight months. As I say, with interest, I noticed that they both had the same specialty procedure that needed to take place and the one, because of the duration of time that was taken to be able to get this, decided that he would take early retirement. Both of the gentlemen are basically the same age. Now the other one decided not to take early retirement. He got this specialty service looked after, but the other gentleman is still waiting.

His argument is coming back to me, and that is: Now I am on the retired list, and obviously I am being put to the bottom of this waiting list.

\* (11:10)

In case we think that in Manitoba we do not have waiting lists, I can indicate to you that they are still alive and well. Anyway there seems to me to be preferential treatment given. I understand that we want to get the people back in the workforce, but in this whole discussion we have had here this morning it has also been clearly indicated, and as WCB should they are working out there aggressively to be able to get their clients back in the workforce, but



what it is doing, it is putting others who are waiting for the same specialty surgeries and procedures down to the bottom of the list again.

I cannot be specific in names here. I would not want to do that to these people, but I find it of interest that this is what I have observed and I think it was clarified to me this morning that is what is taking place out there.

**Mr. Sexsmith:** I would have to know some specifics about the cases I think in order to respond properly to your question.

Certainly, the kind of thing you are talking about, where improved access to the service would help, obviously, and you have given some examples of people who would be assisted by improved access, that is what we have been talking about here is trying to improve access without getting in the way of other people.

**Mrs. Driedger:** Can you tell me what WCB pays for an MRI procedure currently?

**Mr. Sexsmith:** Right now we are paying \$650.

**Mrs. Driedger:** Can you tell me then how you are going to break that down into the actual fee for the procedure and the leasing time? How will that figure of 650 change when you are incorporating both of those aspects into it?

**Mr. Sexsmith:** I am sorry, I really cannot answer that question in any detailed way. As Mr. Fox-Decent said earlier, we are discussing and negotiating a business case and there will be some back and forth in terms of what the fee ends up being, et cetera. I do not know the answer at this point.

**Mrs. Driedger:** Do you anticipate, and maybe that is unfair based on the fact you are still in negotiations, but do you anticipate that total fee could be higher than what it is now?

**Mr. Sexsmith:** I guess that is always possible but we are certainly looking for the best deal we can make, as are the people we are negotiating with. I guess all I can say is we will see how the negotiations come out on that.

**Mrs. Driedger:** I would just like to touch a little bit here on facility fees. I understand there are facility

fees paid by WCB to the Pan Am Clinic and to Maples clinic for procedures. I wonder if you could tell me what that figure is for the Pan Am Clinic and what that facility fee figure is for Maples clinic.

**Mr. Sexsmith:** What we pay for procedures varies by procedure. I am sorry, I do not have that list of procedure fees with us here today, but we can certainly provide that to you.

**Mrs. Driedger:** Is there an average fee you could put forward? I certainly have an understanding that the facility fee does vary per procedure and it ranges from \$400 to \$600. Would you say that would be accurate for the Pan Am Clinic as well as the Maples clinic?

**Mr. Sexsmith:** I am sorry, I am going to have to get that information for you. I honestly do not know. We would have to do a calculation on the average.

**Mrs. Driedger:** Do you have any idea why, in the WRHA Meyers Norris Penny report, they had been talking about WCB patients having to pay a \$1,200 facility fee for service at the Pan Am Clinic if WCB had gone ahead and accepted this proposal by the WRHA?

**Mr. Sexsmith:** I have some familiarity with the Meyers Norris Penny report. I have seen it, but I cannot speak for why they used that number. As I recall, that is one of the assumptions they made in developing some of the business case that is contained within there, but I cannot say why they would have made the assumption that \$1,200 would be a fee that we would pay.

**Mrs. Driedger:** I would suggest that is probably a very inflated fee. It appears to be double what the facility fees are currently being paid and it would look to me like they were trying to gouge WCB. I would suspect the people that fund WCB might not have been very happy to have that kind of gouging occur that you should be paying double the amount under that new agreement.

With that Meyers Norris Penny report, at what point was WCB aware that was happening? Did you know the WRHA was looking at that before they proceeded? Did you hear about it after they were part way through or did you hear about it when they completed their report and basically brought it to you?

**Mr. Sexsmith:** We had knowledge of the fact that they were working on that report before it happened and while it was going on.

**Mrs. Driedger:** Sorry, I was talking to my colleague and I did not hear your answer. I wonder if you could—

**Mr. Sexsmith:** We knew about the report. We knew it was coming. We knew they were working on it and developing it.

**Mrs. Driedger:** Were they doing it with your agreement?

**Mr. Sexsmith:** I am not quite sure how to categorize that. Certainly, we knew they were doing it and they had some discussions, although reasonably limited, with us when it was being developed.

**Mrs. Driedger:** Is it accurate to say you would not have known the details of it until the report was completed and then it was given to you?

**Mr. Sexsmith:** That is certainly a fair comment from my point of view, yes, personally.

**Mrs. Driedger:** Can you tell me what WCB basically decided in relationship to that report? Obviously, I know the board did have some discussion about it. Did you accept it or reject it, or are you still contemplating any aspect of it?

**Mr. Sexsmith:** We accepted it as information. Certainly we looked at it and reviewed it. It is part of the background, I guess I would say, in terms of preparing for discussions around this whole issue.

**Mrs. Driedger:** The report I guess struck us as maybe somewhat offensive, or we would have assumed it would have been offensive, to WCB, because, as you said—not as you said, I will back up a little bit from that—nobody really has a right to direct WCB where to send your clients and you have a fundamental principle in that your clients have a choice in care.

It would seem to me that this particular report looked at establishing a real monopoly that WCB would have been forced into by having to send all your patients now to the Pan Am Clinic, and that they were doing this because they were looking for money to expand the clinic, and one of the most

viable ways for them to be able to do that would be to tap into some of the funds of your Crown corporation.

I know that there were letters that came forward from I believe it was the Canadian Federation of Independent Business and the Manitoba Employers Council that took great offence to this kind of a suggestion coming forward from the WRHA. Was WCB offended at all by the fact that you were now going to be forced to—or not forced to, I mean it was your ultimate choice, I guess, as to what you were going to do with that report—but do you not find it offensive to find that somebody was coming to you from the Department of Health and then trying to force a bulk of your clients to end up going to a particular clinic for service?

**Mr. Fox-Decent:** We do not intend to give up the fundamental principle which I spoke of earlier, which is that customers, or clients, or injured workers, or however you may wish to state it, and frankly, together with their employers—the employers, of course, are an intimate and integral part of what happens when an accident occurs and the aftermath. We do not intend to give up, and we will vigorously defend, the right of our injured workers to have medical treatment of their choice relative to the providers.

**Mrs. Driedger:** Then are you rejecting the proposal that did come from the WRHA that you transfer your 700 MRIs ordered annually for WCB patients to Pan Am Clinic, and that you transfer 805 of your approximately 950 surgical cases again to this particular clinic? If you are believing in your fundamental principle that you have the choice, it seems to me that, by them putting those numbers out there, that choice would be taken away from WCB and a lot of your clients, because now you were going to be forced into this monopoly situation out there. Certainly, to me, it comes across as being a bit contrary to what WCB believes in.

\* (11:20)

**Mr. Fox-Decent:** We would not do what you have just suggested, and that is direct that people will, in whatever number that turns out to be, go to a facility that denies them the choice that we are talking about. That is simply not something that we are prepared to accept. It remains a bedrock principle of ours that choice is important and that it should be preserved.

**Mr. Goertzen:** I certainly appreciate the comments that were put on the record by my colleagues the Member for Pembina (Mr. Dyck) and the Member for Charleswood (Mrs. Driedger).

I think it is probably important that we kind of step back here. We have gotten onto this line of questioning, and certainly when this committee began, it was not the expectation that we would be down this road so far and at this length of time, but I think it is important to do this and to have this discussion, this examination.

It is also important, I think, for us as committee members who are asking the questions, for the officials that are here with Workers Compensation, to certainly let you know why it is that we think this is important. You know, you field the questions, and maybe you sometimes wonder in the shock and approach that happens in these committees where it is that this is all going and where it is that it is all coming from, but we started off the committee by—and I appreciate the acknowledgment from Workers Compensation about the strain that the Workers Compensation is under, and the strain that it is under because of the parallel strain that is going on within the health care system. I think that that was an important acknowledgment, and certainly I appreciate the undertaking by Mr. Sexsmith to provide us information on an economic, a quantified basis on the cost of that strain and the cost per client of the waiting times and the long diagnostic times. I think that that is an important undertaking, and I know that my colleagues and I look forward to that information.

It is key to remember here that, in our view, Workers Compensation is essentially an insurance-based system. It is a user-pay system in the sense that the employees are putting forward the bulk of the funding. I understand that the Workers Compensation generates a large part of its revenue from its investment pool, and that perhaps that has not always performed as well in the last few years as it has before, but at its core and fundamentally we believe that this is an insurance-based system. So, while we have had a lot of discussion today about the importance of ensuring that the clients that Workers Compensation services, that their needs are met—and certainly all of us on the opposition side of this committee would confirm the importance of that. All of us know people who are either in the Workers Compensation system or otherwise who are waiting

for tests, and we know the strain that it puts on their individual lives quite apart from the fact that they are also trying to get back to work.

We recognize that, but we cannot fundamentally forget that there is another side to this fence, if you would. There is another component within the Workers Compensation Board, and that is the employers' component. So, when we ask this line of questioning, it is somewhat with a view to history. I look to my colleagues who have been here longer than I but will remember what has gone on with other Crown corporations like MPI or Hydro. Again, MPI is more of the insurance-based system. Hydro is more of a ratepayers system. But, clearly, we have seen within those Crown corporations, and I will relate this to Workers Compensation, that the ratepayers have not always been protected, necessarily, because funds have been requested or in some ways demanded from the current Government to come from those Crown corporations into the general operating revenue for the Government.

We fought against that because we believe that we have to protect those ratepayers. When they pay into a dedicated system, it is with the knowledge that it is going for those particular services. So the parallel with Workers Compensation is, of course, that the individual employers also stand within this system as a group that needs to be protected, because they also put forward their revenue and we always play that balance. But in this insurance-based system, I think, it is decidedly important that we protect those employers' interests as well as key players within the system, with the recognition and the understanding that problems have happened before under this Government within our Crown corporations and that really is the perspective that we are coming for. I say that for the employees of the Workers Compensation Board, so you do not think that this is simply a question directed to your Crown corporation. We know that you work hard every day to do the best that you can under the circumstances that you are provided both, I think, for the employers and for your individual clients.

The important component of protection for the employers is the recognition—and we have gotten into this line of questioning in regard to the potential leasing of an MRI and I have stated, for the record, my particular, "suspicions" might not be the exact right word, but they certainly lean in the case of suspicions. When we are dealing with a leasing

arrangement, I simply do not see how a capital component can be separated out from that when a lease is being entered into. Surely, there is a recognition that there is a payback of the cost of a particular component, and we will, certainly, watch with great interest and with, I daresay, some vigilance to make sure that some of the capital components are not separated.

I say that, and I want to make sure that there is no misunderstanding here. All of us, on this side of the committee, would applaud additional resources within our health care system, additional diagnostic availability when we are talking about MRIs. But let us be fundamentally clear about what we are talking about here when we say that employers should not be the ones who bear the price of adding additional service within the health care community. Those who have owned businesses here before, or worked within businesses, for that matter, will know that employers in the province of Manitoba already pay into the health care system through their taxes. Through the various levels of taxes that they pay, they are already contributing to the health care system within our province. I do not think that it would be their expectation that they would be adding additionally to the overall service and availability to the health care system through a kind of a backdoor way, if you will, through Workers Compensation.

I know that the board has been successful in keeping the rate down for employers, although I also do note that, in the particular report that we are discussing here today, there was, in the 2002 report, there was an increase. So it is not as though increases are not happening and have not happened under this Government, and that is really the perspective these lines of questions for the sake of Workers Compensation Board employees are coming from. We need to ensure, and hold this Government accountable to ensure that they are not using the Workers Compensation Crown corporation, the insurance scheme that employers are paying into, as a means of funding general health care services within our province because that is not what the system, we believe, is set up for and it is not what the employers would expect.

I wonder, though, with that in mind and with that kind of backdrop drawn at this point in the questioning, if Mr. Sexsmith could indicate whether or not there are additional forms of service that Workers Compensation is looking at. We have been

talking about specifically the leasing of an MRI, but have your negotiations or discussions encompassed any greater consideration of a variety of services that Workers Compensation may want to get into in terms of a leasing arrangement or any other kind of obligation?

**Mr. Sexsmith:** In terms of health-related services, this is where we have been concentrating our discussions, around the MRI.

**Mr. Goertzen:** You have concentrated your discussions around the MRI. There has been no consideration given regarding any other health care services beyond an MRI diagnostic portion?

**Mr. Sexsmith:** We have had discussions earlier but we have turned our attention to this item for the time being and for the foreseeable future.

\* (11:30)

**Mr. Goertzen:** Well, certainly, there are other strains within Workers Compensation. I am sure not all of the pressures that you feel, in terms of not being able to access services, are centered around MRIs. There clearly must be other areas that you would like, in a perfect world, if I could use that phrase, to have access to. Could you, maybe, expand upon telling us what other pressures there are within Workers Compensation and what other kind of speedier access to treatments would be helpful to your clients?

**Mr. Sexsmith:** We would, certainly, like to improve our service, as I have mentioned a couple of times, in a number of areas. One other area that we may want to look at, as time goes by, is the whole area of access to surgery, specialists and whatnot.

**Mr. Goertzen:** If I understand your comments correctly, you will give the assurance to this committee that there have not been negotiations in terms of contracting out or finding ways to provide that kind of additional service through Workers Compensation.

**Mr. Sexsmith:** No, as I said, our discussions have centred on the MRI, other than some very early discussions which we have left alone to concentrate on what we have been discussing here this morning around the MRI.

**Mr. Goertzen:** Those discussions are kind of at their infancy in terms of negotiations but clearly it has then crossed the minds of those involved with Workers Compensation that might be something, a road that might be travelled down sometime, to use Mr. Fox-Decent's words, in the foreseeable future.

**Mr. Sexsmith:** We are going to see whether we can negotiate successfully on the one we have in front of us and then we will see where the next steps take us. I think it is important to keep in mind all through these discussions that, as I said a couple of times, we are looking for ways to prevent accidents and to get people back to work sooner. The medical area is just one area where we are looking at our processes and how we can do that. So we will look across the system constantly for ways to do things better and this may be one area that we look at further.

**Mr. Goertzen:** Thank you, Mr. Sexsmith, for those comments. Certainly we have acknowledged earlier on in these committee hearings the importance of preventative measures in education. Those programs, to the extent that they are effective and run in an efficient manner, I think are supported by all members of this committee, I would dare say.

Then I would like to ask, you said you will be looking at the MRI negotiations first and then maybe turn your attention to other negotiations, would you characterize this then as a step-by-step process?

**Mr. Sexsmith:** I think what we would call it is let us see if we can successfully negotiate a deal here, a business deal that is good for both sides, is accepted by both sides and seems to help us within the system. Then we will see if there is room to look at other areas.

**Mr. Goertzen:** I take it then from those comments that in the discussions around the Workers Compensation Board it is not as though you are there saying, well, we think the system is going to get better in health care. Maybe we can just wait this out. Clearly, there is a feeling that things are not going to—I would like to suggest that maybe they are going to worsen if we continue to go down the path we are going, but from the Workers Compensation Board's point of view it would seem apparent there is not a sense that things are going to get any better in the immediate future.

**Mr. Sexsmith:** We are looking at the situation as it is now. I am certainly not sitting here criticizing the

health care system or any other system out there. We are simply looking for a deal that is good for both sides and that would benefit both sides. I am really not in a position to comment on the efficiency of the health care system.

**Mr. Goertzen:** I certainly would not want to put you in that position. I understand that is not your role. I think you have been very forthcoming at this committee today and it is not my intention or any of the members of this committee to put you in that awkward position.

I think, from the comments we have heard and the statistics we have seen, members of this committee and members of the public for that matter will be able to draw their own conclusions on that particular comment I put forward on the record.

Perhaps you could elaborate a little bit further though on the very rudimentary discussions I know you had with regard to surgery and the possibility of accessing more services there. I am not a medical professional. I would certainly defer to my colleague from Charleswood on some of the more technical aspects, but if maybe you could expand a bit further on what it would be that Workers Compensation, somewhere down the road, if they would ever go there, would be looking for. What would be beneficial for the corporation and its clients?

**Mr. Fox-Decent:** In response, sir, to your question, we are always looking for this sometimes elusive situation where we can reduce the duration of a claim. If I may just comment on the employer and the fact that they pay the assessment that runs the organization, along with reasonably substantial investment input, which has not been that good in the last few years but seems to be getting better again. The bottom line for the employer on what we are seeking to do in this situation, and I would always hope this would be the bottom line for the employer, is that we are not only improving service but we are also reducing cost.

As I said earlier, our anticipation is that, if we conclude an arrangement here with Pan Am and that results in reduction in duration on individual claims, we fully expect to realize a reduction of costs. Of course reduction of cost goes ultimately to the issue of how much we need to charge for our services or for the insurance services, as you put it, to the client, remembering that in good days, financially, better

returns on investment and so on when investment was producing 33 percent of our revenue, we put away \$75 million as a rate shock mechanism, and that \$75 million is still essentially intact. So we are not working on a bare bones bottom line. We have that reserve in place.

I think anything we do with regard to further discussion with whomever would need to have attached to it a very rigorous cost analysis. We are very conscious of the fact that we provide a service now that is the lowest cost among the provinces in the country. One should not have too much pride in that if it means we are not providing a quality of service at the same time. We certainly work every day on service. We do not think we are there.

We are always looking for better service. Better service includes access to the health care system and it includes healing people to the point that they can return to work. I want to be careful here because return to work can be forced and premature, and it can be, therefore, not productive, but counter-productive. We are talking about prudent return to work, sometimes with job alteration, with job modification. Of course, part of that return to work is the ability to get the full diagnosis and the full treatment that you need to heal.

**Mr. Goertzen:** Certainly, I appreciate your comments. You put on the record that Workers Compensation is not operating as a bare-bones financial operation. A look at the financial statements and the significant financial reserves that are held by the Workers Compensation Board would seem to confirm that for the lay person, which I consider myself. Looking more closely at the report, which I did over the last couple of days, it is clear that Workers Compensation relies on that fund as an investment fund and to provide revenue.

I am going off of memory, but I understand that Workers Compensation in the year that we were reviewing had a surplus of somewhere in the neighbourhood of \$46,000 or in that area. Clearly, there is a reliance on that particular investment fund to ensure that there is revenue within the operation. We saw it, I guess, with the downturn of the bear market in the early part of this decade, what effect it had on the Workers Compensation. While I am not suggesting that the Workers Compensation Board is on its last financial legs, I am not sure that I would characterize it as being flush with cash either in

terms of its operations. I think that my characterization of there being a strain on the Workers Compensation Board, in my mind, is accurate, a strain with regard to the health care accessibility and the lack that accessibility places on the Workers Compensation Board.

That is more of a comment. If Mr. Fox-Decent wants to respond to it, he may. Otherwise, I will turn it over to my colleague from Charleswood.

\* (11:40)

**Mr. Fox-Decent:** I just, as Mr. Sexsmith said, sir, as servants of the Workers Compensation system and board, do not want to get into discussion of the health care system, which is not really our business, the public health care system. We have our own mini health care system that we need to look after because that is the way the legislation works, and we are certainly always looking at ways to improve that.

Just incidentally, we negotiate our own arrangements with chiropractors, physiotherapists, medical doctors. Sometimes these negotiations are quite protracted, certainly, very detailed. Those are the contracts to provide service to us. Of course, we have a medical department internally, 24, 25 medical doctors who are assisting our adjudication process, helping the adjudicators relative to diagnosis of what has happened medically, what needs to be done medically, and so on.

It is just not our place to talk about the health system in general terms. I think my colleagues would probably agree with me. We are so busy trying to make our own system as efficient as we can, that we sort of tend to our own knitting with regard to the issue of health service, and we get on with it. Of course, we are affected where we use the public system for service and pay for it. We are affected by what the realities are of that system. I am not prepared to comment on what the realities are, because I do not think it is our place to do that.

**Mrs. Driedger:** I would like to go back to some further discussion, or continue on the further discussion on the leasing of equipment. I would like to ask for some indication from you, I guess. With this Meyers Norris Penny report that came forward, it included in it the fact that the Government was looking for a WCB grant for \$1.6 million. My understanding was that that amount of money was

going to be put into the MRI. Would that be accurate to say that was part of their presentation to you?

**Mr. Sexsmith:** Well, I believe you are accurate in saying that that is what the Meyers Norris Penny report said, but we, certainly, are not headed down the road of providing a grant of \$1.6 million. We are headed down the road that we have discussed this morning.

**Mrs. Driedger:** I guess my concern with all of this, and it is related to what we discussed this morning, is the whole issue of getting into a lease agreement, because I think that with the rejection of the \$1.6 million my concern is that the Government is now trying to get that from you through a backdoor approach. That backdoor approach is that lease agreement.

Can you tell me who was the one that introduced this lease agreement discussion? Did that lease agreement idea, was it generated by the WCB or was it suggested to you by either Manitoba Health or the WRHA?

**Mr. Sexsmith:** I think that line of discussion came out of the negotiations. I really am very hesitant to say he said, she said, in terms of the negotiations back and forth. So I think I should just say that it came out of the discussions.

**Mrs. Driedger:** Thank you. I understand and accept Mr. Sexsmith's comments on that. I do not want to put you in an awkward position, but I am sure you can see where our interest lies in some of this, in wondering about where the Government is going on this issue, and looking at protecting taxpayers and businesses from getting involved in something that really is under the purview of the Government.

The Government did get \$37 million in a medical equipment fund a couple of years ago and that has been topped up with several million more. I feel that, with that kind of medical equipment funding flowing to this province, it is the Government's responsibility to use that to pay for an MRI and that they should not be out looking for any propping-up of that through the WCB, because I do not feel it is the WCB's responsibility or mandate to get into leasing equipment or capital investment when the Government should be paying for some of that. Can you tell me when the MRI lease discussions began?

**Mr. Sexsmith:** I do not have a specific date for you but I can say these discussions have been going on since at least last fall, early last fall, probably when we would have started discussing, some initial discussions even before that.

**Mrs. Driedger:** Well, if it was in the fall, then it would have been after the election and in the election the Government certainly had promised to put an MRI into the Pan Am Clinic. Has your board rejected the WRHA proposal that was put together by Meyers Norris Penny? Has there been a board vote that rejected this particular proposal?

**Mr. Fox-Decent:** No. It has not come forward for discussion to the board, the Meyers Norris Penny report. I would suspect, and I would have to go back and check the board record, probably received information on it through the CEO's monthly report on a number of issues. We are quite independent when we come to dealing with matters that are within our authority and purview. As I said, we did not like the thrust, and I am very reluctant to put on the record a criticism of a report that we did not, you know, we never commissioned, we had little contact with. But we do not like proposals that suggest that our clients will be directed to a particular medical service.

\* (11:50)

**Mrs. Driedger:** I guess I am curious. With a proposal like this coming forward, I am curious as to why the board would not have discussed it. Now, I do not know how Crown corporations necessarily work, but I am wondering why a significant report like this—and I know the Minister of Health (Mr. Chomiak) was very well aware of this particular report because he had a presentation made to him and, obviously, was interested in this happening—I am curious why something like this proposal did not come forward to the board for any discussion and a vote.

**Mr. Fox-Decent:** I guess, we have, as a board of directors, we have a lot of interest in what happens to our little medical world. Of course, by law we could establish a completely independent medical world. We could create, as I said, a hospital. We could contract services with X, Y and Z. By and large we do not own anything. We buy service for our people.

Why did we not discuss this? I do not know. I guess maybe we thought it was so out of our path of intended service as it has existed for many, many years, and that is that customer choice is very important, that we simply did not give it consideration.

I want to be careful about what I am saying to you, Mrs. Driedger, because you are asking me to go back a number of months and, I mean, I am certainly prepared to check our record. I do not believe there was any discussion, either at full board or at committee. That is just speaking to you on the best of my ability to recall. But if, subject to checking the record, I find that I have unintentionally misled you, I will certainly correct that.

**Mrs. Driedger:** Thank you, and I thank Mr. Fox-Decent for his comments on that and the fact that he would look into the board minutes and get back to me. That is fine.

Could I ask Mr. Sexsmith then if the management group at WCB sat down to review this report? Did they accept it, reject it? I am assuming that WRHA would have wanted a written response back from WCB as to their intent, acceptance or rejection of this report. Did that happen?

**Mr. Sexsmith:** Certainly, yes, we looked at the report. We have done some review and analysis of the report.

As I said earlier, we essentially used that report as background information in discussions we had going forward from there.

**Mrs. Driedger:** How was your decision about it or your comments about it relayed to either the Minister of Health (Mr. Chomiak) or the WRHA?

**Mr. Sexsmith:** I am just trying to recall whether in fact there was correspondence going back on it. I would have to check the record to see if there was correspondence.

In general, I think the response was that it led to discussions. It was simply background information that fed into ongoing discussions we have had.

Mr. Chairperson, I was just going to say we did not accept or reject it. We simply used it as information, as background.

**Mrs. Driedger:** I am going to assume that a report like this costs an awful lot of money to have a firm come in and do this kind of analysis. I think I probably have those figures somewhere as to what they spent at the WRHA in order to put this analysis together.

I guess I am curious as to what their reaction was or their expectations of you. I would have thought when they had spent thousands of dollars having a report like this made that they would expect a formal response from WCB, a very concrete response, not just formal, but concrete as to whether you accept or reject this particular report.

**Mr. Sexsmith:** I was just checking my staff's memory on this. I believe we are correct in that we did not send a specific written response, but I would have to verify the record to be able to say that with complete certainty.

As I said, I am repeating myself a little bit here, certainly the information in the report was used to facilitate discussions.

**Mrs. Driedger:** I appreciate that. I know it is hard to sometimes go back and remember exactly what we did on an operational basis. I have those same problems myself in recalling information from that long ago so I appreciate that. I am not trying to put you on the spot related to any of this.

I guess I would ask, you are indicating to me there was no written correspondence, so for me to request a copy of that letter would be useless because there was not a letter that was put forward to them.

**Mr. Sexsmith:** I believe that is correct.

**Mr. Fox-Decent:** Again, I make a commitment, Mrs. Driedger, that we will check the record and if there is correspondence we will tell you there is. It is the same as looking at the minutes of the meetings of the board and committees.

**Mrs. Driedger:** I appreciate that very much.

I know we only have a few minutes. I would just like to get into one area at this point in time. I do not know if it is the language that is used at WCB. I would not mind if you would tell me whether it is or not. It is the language of calling, you want fast access



to care. That makes just really good sense in many ways.

I note from the Meyers Norris Penny report, I will just read for the record one particular paragraph from that: The common body of knowledge in the Workers Compensation industry indicates that there is a correlation between the lengths of time an individual is off work and the likelihood of them being able to return. After an individual has been off work for 6 months, over 50 percent do not return to work, after 12 months, 80 percent do not return to work, and after 24 months, 90 percent do not return to work.

One can certainly appreciate the importance of moving a patient through the system. I think that is just absolutely a logical approach, but it certainly does raise a number of other questions.

I know that further in the report it indicates: if time off work is reduced by one week for each patient, in each of the next eight years the present value of savings is \$1.8 million. If time off work is reduced by eight weeks for each patient in each of the next eight years, the present value of savings rises to almost \$14.5 million.

Certainly, there are significant savings, not only to WCB employers, but just quality of life for the clients themselves. On top of that, there are significant financial savings to getting people back into the work system sooner.

The report also indicates that WCB currently pays an average of \$500 a week to an injured worker when off work. So that rapid access to service will reduce the time required to receive treatment and likely allow the injured worker to return to work earlier.

In talking about that, do you use the language of expedited care, or is that not a phrase that is used here within WCB? I know some of the other provinces talk about expedited care. Is that language that is used here in Manitoba?

**Mr. Sexsmith:** I am certainly familiar with the term but, I think, if you look through our documentation, our annual reports and our five-year plans, I do not think you will come across that term very often. I think that is the best way I can answer.

**Mrs. Driedger:** But that is not to say that you must have another word for it then, because the intent of what you want to do is fast track your clients. You want to get them moving through the system much quicker. Do you have a phrase that is used here in Manitoba instead of expedited care? Do you have a language that you would commonly use to discuss this concept?

**Mr. Sexsmith:** We use a number of words and phrases. One of our key goals at the WCB is to help our claimants return to health and work as quickly and as safely as they possibly can. That would maybe be a good way of putting it.

**Mrs. Driedger:** But the fact of the matter is that you may not be using the language, but what actually is happening with WCB, and it is not just WCB, I believe there are others out there where this happens, you actually do achieve getting expedited care because you are working outside of the medicare system.

\* (12:00)

**Mr. Sexsmith:** You know, that is the issue that we have been discussing this morning: whether or not we are able to negotiate an agreement where we can help to improve everybody's access to the system and improve our own at the same time.

**Mrs. Driedger:** Where do you buy your care? Is it a mix of buying it from the public system as well as the private system?

**Mr. Sexsmith:** Yes, it is. We use the public system and we also use other facilities, such as the Maples.

**Mrs. Driedger:** When you talk about the public system, is a large component of that the Pan Am Clinic?

**Mr. Sexsmith:** Yes. We do some significant business with the Pan Am Clinic.

**Mrs. Driedger:** Are you able to tell me what percentage of your cases goes to Pan Am, what percentage goes to the Maples clinic, and what percentage might go elsewhere?

**Mr. Sexsmith:** I can give you some examples. For example, day surgeries: we do roughly a thousand, or a little bit more than a thousand day surgeries in a year. A little more than a third of that would be done

at the Maples. A little more than half of it would be in the public hospitals and the rest, maybe 15 percent or so, at Pan Am, just by way of example.

**Mrs. Driedger:** I note that it is noon and I wondered if the Chair could indicate where he wants to go.

**Mr. Chairperson:** Thank you. At the beginning of these proceedings here this morning, the committee indicated a willingness to review our sitting times once we reached the hour of 12 noon. I am wondering if there is a willingness of the committee to not see the clock to allow questions and answers, to continue until that process is completed.

**Mr. Goertzen:** Mr. Chair, I know there are a number of commitments that some of my colleagues have made and been involved with. I would suggest that the committee rise at this time. I know that we certainly had an undertaking to move the reports before us here today through, and I think, certainly, as it relates to the 2002 Appeal Commission and Medical Review Panel Annual Report we are prepared to do that. In regard to the other reports, my colleague, I believe, will have some further questions that she wants to ask. I also know this is, perhaps, a failing as a new MLA that I have, but I will give you a bit of a heads up, and perhaps this is uncommon, but I know there are questions that will be relating to volunteer and part-time firefighters as well that I am sure all committee members would want to have addressed. We would not want to have those not addressed. We would recommend that the committee now rise, but that we will be passing the 2002 Appeal Commission and Medical Review Panel Annual Report.

**Mr. Chairperson:** Thank you, Mr. Goertzen. Mr. Dewar, did you wish to add a comment?

**Mr. Dewar:** Thank you, Mr. Chair. We are prepared to stay to deal with the outstanding reports that are before us here. I understand that the members of the Opposition are prepared to pass the Annual Report of the Appeal Commission and Medical Review Panel for the year ending December 31, 2002. Are you prepared to pass any of the other reports?

**Mr. Goertzen:** No, Mr. Chairperson, those other reports would stand for today.

**Mr. Dewar:** Well, we are prepared to stay until we get the other reports passed as well. I know the

members of the Opposition have been asking of the Government that we sit. We are here now. We have had, I think, an important dialogue over some of these issues. We are prepared to stay until we pass at least the Annual Report of the Workers Compensation Board for the year ended December 31, 2002. We are prepared to rise if you are prepared to pass all the reports, except, say, the most recent report.

**Mr. Goertzen:** I appreciate the member's comments but we feel there are a number of important areas that need to be reviewed here. I am certain the member, a long-standing member of this Legislature, is not suggesting it would not be valuable for the committee to rise and perhaps have some second thought on some of the very substantive issues I think were raised here today, new issues that were raised here today. I would certainly not suggest the much more senior member of the Legislature than I am would be trying to move these very important issues off the record and off that of second thought, of sober second thought, on public debate.

**Mr. Chairperson:** Any other members of the committee wish to comment?

**Mr. Dewar:** If the Opposition is prepared to pass the Annual Report of the Appeal Commission and Medical Review Panel, then we are prepared to rise.

**Mr. Chairperson:** Is that the will of the committee? *[Agreed]*

Then, for information, members, I will have to call the individual reports, and then the members can say yea or nay to those reports as they are called by the Chair.

Shall the Annual Report of the Workers Compensation Board for the year ended December 31, 2002 pass?

**Some Honourable Members:** Pass.

**Some Honourable Members:** No.

**Mr. Chairperson:** Do you wish to table that report? Is that the will of the committee? *[Agreed]*

If that is the will of the committee, we will table that report.

The Annual Report of the Appeal Commission and Medical Review Panel for the year ended December 31, 2002—pass.

Shall the Five Year Operating Plan for the Workers Compensation Board for the years 2001-2005 pass?

**Some Honourable Members:** Pass.

**Some Honourable Members:** No.

**Mr. Chairperson:** Is it the will of the committee to table that report? *[Agreed]* The report will be tabled.

Shall the Five Year Operating Plan for the Workers Compensation Board for the years 2002-2006 pass?

**Some Honourable Members:** Pass.

**Some Honourable Members:** No.

**Mr. Chairperson:** Is it the will of the committee to table? *[Agreed]*

Shall the Five Year Operating Plan for the Workers Compensation Board for the years 2003-2007 pass?

**Some Honourable Members:** Pass.

**Some Honourable Members:** No.

**Mr. Chairperson:** What is the will of the committee?

**An Honourable Member:** Table it.

**Mr. Chairperson:** Table? The report is accordingly tabled.

In the interest of reducing waste, I would like to ask members of the committee to leave behind any copies of reports that have not yet been passed, as this will reduce the number of copies required for the next meeting in which we will consider these matters. So I ask for your consideration in this.

I would like to thank members of the committee for your co-operation here this morning, and for members of the Workers Compensation Board of Manitoba for your participation here this morning.

The hour being 12:10 p.m., what is the will of the committee?

**An Honourable Member:** Committee rise.

**Mr. Chairperson:** Committee rise.

**COMMITTEE ROSE AT:** 12:10 p.m.