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**Ontario’s Health Speech: Second session of the 36th legislature, 1998.**

Hon Elizabeth Witmer (Minister of Health): Thank you very much, Mr Chairman and members of the committee. I'm certainly very pleased to appear before you this year as the Minister of Health to review the estimates for 1998-99. With me for the committee proceedings is the Deputy Minister of Health, Sandra Lang. I certainly do appreciate the opportunity to discuss with you the achievements of the Ministry of Health and our government with regard to Ontario's health system over the past three years, and to also outline for you today our direction for the future.

Since becoming health minister in October of last year, I have spent considerable time meeting with many, many Ontarians, particularly those who have a stake in our health system, be they patients, professionals, providers or others. My purpose has always been to hear the views and to get the input of these individuals as to how Ontario's health system can best respond to their needs, because it is those individuals who can provide us with the best assessment of the system and who can detail how our government's reform of the health system is affecting them.

I am pleased to say that as a result of the discussions and consultations I have had, there does continue to be a consensus that we do have in this province an excellent health system and that the basic principles that determine the health system decision-making are indeed excellent as well. It is these principles that will shape the future of health services in Ontario. They include the following: a system that offers the highest quality of care possible; a system that capitalizes on the benefits of medical science and technology; a system that is accessible to all Ontarians in the province of Ontario; a system that is becoming more and more integrated; and a system that remains affordable.

What we need to continue doing as we progress with health reform is to build on the existing strengths of the health system while also being very mindful of both the pace of reform and the impact that the reform does have on the individuals who work within the system and those who receive the services of the system.

While we all know that health system changes have been taking place in Ontario for the past three years, I would like to take a few moments now to explain why our government set out to reform such a major institution, one with which virtually each and every Ontarian will have contact during some stage of their lives.

Our prime consideration continues to be the profound need for us to anticipate and plan for the changing needs and expectations of a growing and aging population. Our health system must be capable of effectively and efficiently responding to the health needs of all Ontarians, and it must be prepared now to be able to provide appropriate, accessible services for the people of this province not only today, but well into the next century.

Through numerous initiatives taken by our government, we are moving forward to create an integrated health system where high-quality patient services are first and foremost. We are actively working to ensure that a continuum of care can be provided to people, to make sure they receive the services to which they are entitled at every stage of their lives and to bring those services as close to their own homes and communities as is possible.

When we took office in 1995, we inherited a health system that was designed for the needs of Ontario's population in the 1950s, 1960s, and 1970s. It was clear that it was not responding to the needs of the changing, growing and aging population of the 1990s. It also was not responding to the changes that had taken place in medical treatment, technology and new drug therapy. As well, there was no recognition of the fact that hospital stays were dramatically shorter than in the past. Indeed, as we embarked upon reform, we learned that Ontario was the last province in Canada to begin down this road.

Let me give you an example of what our government faced three years ago. In the previous decade, about 10,000 beds had been removed from the hospital system, yet all the overhead and administrative costs remained. Our resources were being spent not on improving the health of people in this province, but on maintaining unused buildings and facilities.

Consequently, in the past three years, Ontario's hospital system has undergone tremendous changes. We have seen, as I said, incredible advances in medical technology, new surgical techniques and new drug therapies. We know that today patients are spending much less time in hospital, and more and more diagnosis and treatment is taking place on an outpatient basis. If we take a look at some of the new techniques in gall bladder operations, and certainly in dialysis, which in some cases is taking place now within the home, we can see that indeed there is less time today being spent in hospital than ever before. In fact, over 70% of all the surgery in the province now happens on an outpatient basis.

The reduction that the system faced in beds, and that was the 10,000, is the equivalent of about 30 medium-sized hospitals, yet we had not seen any reduction in the number of hospitals or hospital buildings. This costly surplus capacity in the hospital system is one of the principal reasons that the Health Services Restructuring Commission, under the leadership of Dr Sinclair, was established as an independent body operating at arm's length from the government. Indeed, the government gave the commission the responsibility of making decisions about health services restructuring and providing advice to us on the health system.

The commission has travelled across the province to examine all elements of the health system. It has consulted with Ontarians and it has determined how the system could better serve people. In particular, the commission is identifying specific areas where we can expect pressure to build and where improvements must be made.

For many communities, restructuring has meant that their individual hospitals and their hospital boards will merge. Services will be consolidated, and unneeded and unused buildings will be closed. It is not an easy process to manage, but hospital chief executive officers and senior administrators have told us it is necessary. In the words of Michael Strofolino, president of Toronto's Sick Children's Hospital, "There were too many dollars in the hospital system tied up in duplication and inefficiency, in bricks and mortar, rather than people."

Restructuring was and is not always a popular process, but as an editorial in the Ottawa Citizen pointed out:

"The outspoken resistance to closing any hospitals anywhere is slowly giving way to a public awareness that attempting to keep every hospital open will extinguish all hope of maintaining and improving an effective health care system. That change in perception is due in large part to the professional, careful manner in which the Health Services Restructuring Commission is handling a task few would covet."

So now we are in this province making the tough decisions and we are creating modern hospitals with the latest technologies. Linkages between hospitals are improving, as are linkages between institutional and community care, and at the same time existing services are being used more effectively than ever before. What this means is that Ontarians now are being served with better services and treatment. As I indicated to you, we are endeavouring to ensure that these services are brought as close to home as possible.

Certainly the consolidation of hospital programs, the reduction in the number of hospitals, and the requirement of higher levels of efficiency in hospitals will save money. However, closing hospitals is not the goal of the exercise. The goal is to free up money for reinvestment into patient care, into ensuring that we have the necessary health programs and services, such as cardiac and cancer services, to treat people in this province. We want to make sure we have the best possible health system.

The anticipated result will be better managed, more coordinated services, and improvements that build upon the current strengths of the system. The challenge of change is not to tear down what we have and start building from scratch. It is to take our excellent health system and make it even better.

Restructuring is also about amalgamating hospital programs within communities and eliminating the overlap and inefficient duplication of services so the system as a whole offers people access to the best-quality programs and treatments available.

As you know, reforming our health system is a considerable challenge, one that does entail the greatest reinvestment in health services this province has ever seen.

This reinvestment is saving lives. Money spent in such areas as breast cancer screening programs is a testimonial to this. We reinvested $24 million into breast cancer screening programs and we anticipate that this will reduce death in women between the ages of 50 and 70 by about 30%.

This reinvestment in priority programs such as improved access to cardiac services also helps us to accommodate more procedures and reduce waiting lists. We have invested $65 million for cardiac surgeries and facilities.

There is evidence that there is improved access as we take a look at the number of completed cardiac cases for adult Ontarians, which were 12% greater in the first 10 months of the 1997-98 fiscal year than in the same time period the year before, and the waiting time in January 1998 was 29% less than a year earlier. That means that more than 14,000 additional cardiac care patients will have access to needed services.

Again, we've talked about bringing services closer to home. We have in 20 communities expanded or installed new life-saving kidney dialysis services since December 1995 to serve an additional 400 people. Another 23 communities are being equipped with magnetic resonance imaging units, which, when all are in place, will nearly triple the number in existence in Ontario compared to when we took office in 1995. Again, they will provide faster diagnosis for some 22,000 people. With additional medical technology available closer to home, Ontarians will be able to obtain many of the vital diagnostic and treatment services they need and will not need to travel as far. They will have less stress as a result.

Our list of specific reinvestments is a lengthy one. In fact, it includes over 70 since 1995.

In addition, we have set aside $2.5 billion to help our hospitals with the costs of restructuring. As you know, we did listen to the hospital community, and the planned third year of budget reductions for hospitals, which was initially scheduled for 1998-99, will not occur.

All of these decisions were supported by Ontario Hospital Association past president David MacKinnon. He said: "Fortunately the government listened to the advice we presented. We particularly valued these decisions because they were not easy and the problems hospitals were facing were a result of 15 years of inappropriate policy, not just recent events." I think that again emphasizes the fact that we were responding to a system that had been designed for past years, and it was time to embark on reform.

The need for reinvestment also hearkens back to the impact of a growing and changing and aging population. We cannot emphasize enough the fact that we need to take this into consideration.

As you know, next year has been designated the International Year of Older Persons by the United Nations, in recognition of the fact that we do have a radically different makeup of a larger and older population. In fact, during the next decade, the number of people in Ontario over the age of 75 years is going to increase by about one third. The coming millennium will see the greatest number of seniors in history. That is no surprise, given the sheer numbers of the post-Second World War baby boom and the extraordinary advances in medicine that are keeping people healthier longer.

The indications are, from Peter Uhlenberg of the University of North Carolina, that a 60-year-old American woman living at the end of the 19th century had only a 7% chance of having a living parent. If the woman was living in 1940, the chance increased to 13%. However, today, as we stand on the brink of the 21st century, some 44% of 60-year-old women will have at least one surviving parent.

This dramatic shift in demographics may be worldwide, but we in Ontario must be sure we devise contingencies that respond to our own needs. Nowhere is this more evident than in our government's response and responsibility to prepare our health system to meet the needs of Ontarians in the new century.

One of the most significant challenges that we face, therefore, is the increased need for availability of community-based services. At the root, of course, is the fact that there is a decreased need for prolonged institutional care, so we're seeing changing patterns of practice.

As a result, we recently announced the single largest expansion of health services in Ontario's history. We put aside $1.2 billion in additional funding for long-term-care community services and facilities. This investment will directly benefit thousands of people and will enable our health system to meet the demands of our aging population. At the conclusion of this multi-year investment, the long-term-care budget will have increased by 69%.

Over the next eight years, we will create 20,000 new beds in nursing homes and homes for the aged, we will renovate 13,000 beds with new design standards, and we will provide $551 million in annual funding to community-based services such as home care, in-home nursing, Meals on Wheels and supportive housing for the physically disabled. This investment will mean improved access to community-based services for an additional 100,000 Ontarians and will also create 70,000 new jobs. That includes 27,500 new front-line health positions and 42,500 construction jobs.

This announcement is very significant not only because it represents the first new announcement, the first new award, of long-term-care beds in 10 years, but also because it has an impact on the other parts of our health system. It will free beds in hospitals that now can be better used for acute care and emergency patients.

Indeed, David MacKinnon expressed his support for the plan, noting it "will significantly improve health care services for people across the province." He also noted that until now, the chronic shortage of long-term-care services has meant that patients who should have been discharged from hospital could not be because the support was not there in their community. David Cutler, president of the Ontario Nursing Home Association, voiced similar support, applauding our government for showing foresight by working now to prepare for an aging population. Mr Cutler said that by shifting the elderly out of expensive long-term-care hospital beds into a more flexible setting, the province will be able to provide the most appropriate care for the best possible price.

Also, these announcements will enable our senior population to live with the highest quality of life and also allow them to remain independent within their own home as long as possible.

Prior to this major long-term-care announcement, we also responded quickly to the recommendations of the emergency services working group by announcing the creation of 1,700 interim long-term-care beds and the expansion of home care services to assist hospitals in meeting emergency services demands. Of the $225 million we've committed over two years, $75 million will also support patient needs by allowing hospitals to open temporary beds in times of peak demand. That will certainly help us with the emergency room overcrowding situation. We will also be increasing training for critical care and emergency room nurses by spending $1 million.

To date, we've also committed millions in new funding support for Ontarians in community-based long-term care who now receive nursing, housekeeping therapy and a range of other community services. Home care spending in Ontario is 60% higher today than it was just five years ago. Of course today, families have the added advantage of having a single entry point to Ontario's long-term-care system through the establishment of 43 new community care access centres, CCACs.

Our new CCACs coordinate access to long-term-care services. They help people, they help families obtain the homemaking, nursing therapy and the other services they need at home. They also manage admissions to nursing homes and homes for the aged. Last year they helped 32,000 Ontarians, including people of all ages who were returning home after an operation in a hospital. Also, they helped the frail seniors with their daily tasks.

However, our work is far from over. I've spent considerable time speaking with our health partners, and it's obvious that the continued success of our health reform will be based to a very large degree on the development of an even closer consultative partnership between the government and our health partners. It is very important that we work together to manage change so we can do so and improve and integrate health services in an orderly fashion.

The consultative process is significant, and it is reflected in several of the new initiatives we have established, such as our women's health council. This is an advisory body to the government, and it will provide us with information as to how we can improve health services and standards for women in this province. This year alone, we have set aside $10 million to fund women's health issues. The Ontario breast screening program is being expanded over four years. This means that five times as many women can be screened, and as I indicated before, we have the opportunity of reducing death from cancer by about 30% in the age group of women between the ages of 50 and 70. We're expanding cancer care in Ontario with funding of $16.5 million, including $700,000 for a comprehensive cervical screening program. We are also expanding the eating disorder programs in Ottawa, Toronto, Windsor and York region with funding of $1.5 million, and we are creating some new programs. We have spent more than $1 million to fund research into women's health this last year.

We've also created Cancer Care Ontario, which will benefit all people in this province. It is the provincial body that will coordinate and integrate cancer treatment services. It will make it easier for patients to obtain new drugs, therapies and emerging technologies. It will develop guidelines and standards to further improve the quality of patient care.

When we talk about building a health system to meet the needs of Ontarians in the next century, we know that we need to focus on our children. We all know what happens to our children when we fail to invest in them. We know that when children are at risk they are more likely to suffer health problems, experience conflict and do poorly academically. That's why we have put in place a series of prevention programs, because we know that if we introduce these prevention programs, there is a much better chance of not only preventing health problems but reducing the social and financial costs of dealing with these problems later.

So we are moving forward very aggressively on the Healthy Babies, Healthy Children program. This program, which is an interministerial program, is going to ensure that every baby is assessed at birth and a determination made as to whether that young child is at risk of physical, emotional or learning problems. If so, those children and their families will be supported by public health nurses and lay visitors. It has been designed in a way so we can ensure that we have universal screening, and this will happen each year. The newborns will be identified and they will be assessed. We decided, in the last budget, to increase the funding for the Healthy Babies, Healthy Children program. We believe it's necessary, so our investment is growing from an annual $10-million investment to a $50-million annual program by the year 2000-2001.

As well, we are also funding the preschool speech and language program. By the year 2002, some 75,000 children are expected to benefit from a $20-million speech and language program for preschoolers. It will be provided province-wide. Last year, some 17,000 preschoolers received services.

As well, we have provided a $10-million grant to help the Invest in Kids Foundation support education, research and public awareness initiatives for children and their families.

To help women with parenting skills and prevention programs, so we can protect children from neglect or abuse, there has been a commitment of $4.6 million annually to the Better Beginnings, Better Futures program. More than 4,000 families with young children in eight economically disadvantaged communities have received ongoing support to enhance their children's capacity to develop into healthy adults with self-esteem.

Okay. Another program is the heart health program, a $17-million investment again. We're also focusing on launching a tobacco use prevention campaign. We're looking at alcohol and drug abuse prevention programs. We're encouraging people to exercise and become more fit. Of course, we're working on the rural and northern framework to ensure the accessibility of services without this program.

We have invested money in priority programs as well in this province: hip and knee, cardiac care, cancer and dialysis.

We've also announced five primary care projects. Also, we took significant steps this last month with the creation of an integrated and comprehensive mental health system that focuses on prevention, improves public safety and access to services.

These, then, are some of the initiatives we have undertaken at the Ministry of Health. We today spend $18.5 billion; that's up from the $17.4 billion when we were elected. We believe health is a priority for people in this province and we will continue to do everything we can to ensure that people in this province have the services they need, when they need them, and as close to home as we can possibly provide them.