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**Ontario’s Health Speech: Third session of the 37th legislature, 2002**

Hon Tony Clement (Minister of Health and Long-Term Care): Thank you very much for the opportunity, Chair, and thank you for the indulgence of the committee. Now that I'm no longer transportation minister, I can blame traffic now and again. Thank you, as I say, for your indulgence. I will also ask for your indulgence around lunchtime. I have a commitment that might take me about a half an hour beyond your scheduled return, but I'm sure staff would be happy to carry on until I can extricate myself from that commitment as soon as possible.

I'm joined at the front by some members of the able staff to which you referred. I am flanked by deputies. Deputy Minister Phil Hassen is on my right, and on my left is associate deputy minister Colin Andersen. Assistant deputy minister Maureen Adamson is also with us. Since Ben Hur, the play, is not on today, we do have the cast of Ben Hur behind me. I'm sure they'll be able to ensure that I am as accurate and as comprehensive as possible, which is certainly part of my obligation which I take seriously.

This is the review of the estimates for the Ministry of Health and Long-Term Care for the year 2002-03. This is also an opportunity to discuss the government's and my ministry's achievements with respect to Ontario's health system as they are applied through our budget. I am pleased to outline our plans to continue with the creation of a health system that works for all Ontarians.

Our government, the Ernie Eves government, knows that Ontarians, indeed all Canadians, see universally accessible health care as central to our way of life. I was reminded of this fact recently at the health ministers' meeting in Alberta just last week.

Since 1995, our government has been working hard to modernize Ontario's health system so that it can keep pace with our changing times and needs. We want to make sure that it serves people now and in the decades to come. Our efforts have been led by what I would call an unwavering commitment to the underlying principles and the foundations of the Canada Health Act, which, among other things, embrace the principle of universal access to our country's and our province's publicly funded health system.

The health system we've built has established a strong foundation for the future. However, as you probably are aware, with levels of federal funding for health care still below what they were during the Mulroney years, we are all forced to come up with creative solutions to make the best use of our fixed resources that seem to be sometimes shrinking compared to the costs we face.

This pressure to find solutions has motivated a number of exercises in health care sustainability over the past year. We've seen this on the national scene with the Romanow commission, the Kirby committee, and Alberta's Mazankowski report, just to name a few. While such discussion of course is healthy, it should not stand in the way of action. To address the complexity of health care issues and delivery systems across Canada meaningfully, we need broad-minded and national debate. But this debate should not become an excuse to delay federal commitments to our publicly funded health care system.

In the absence of federal involvement, I can tell you that provincial and territorial leaders have been forced to look for solutions on their own. Here's how we did it in Ontario. We engaged the people we serve in a dialogue on health care. We asked what we could do better and what the people of Ontario wanted changed. We thought it made sense to ask the people who the system was designed to serve, who pay for the system through their taxes, what shape they wanted it to take in the coming years. Every Ontario household was given the health care questionnaire to complete. More than four million questionnaires went out, to every household across the province, and more than 400,000 were returned to us. Anyone who knows anything about marketing knows that a 2% or 3% return on direct mail is usually exciting for the marketers. We had a return of 10%. That tells you the commitment Ontarians have to a better-functioning health care system.

We had expert tabulators consider the returns -- I had the opportunity to read hundreds of those responses myself -- and here is what we found. Although people raised many specific issues, most system-wide concerns stemmed largely from the shortage of medical staff or the long waits to get a procedure or a test done.

After we tabulated all the results, I'd like to loosely summarize the feedback we got. People said: "Make sure I have access to the health care system when I need it." "Make sure it's funded adequately." "Make sure it's working well." "When I'm sick ... I want to see a professional, I want them to have the tools to diagnose and to treat me, I want it to happen as fast as possible, and ... I'd rather not get sick at all."

Put more formally, the people of Ontario gave us seven priorities for improvement. They had three system priorities: first, that our health system must be universal and easily accessible; second, that our health system must remain a priority for future levels of public funding; third, that our health system must be managed with excellence for both consumers of the health system and for performance accountability. And they had four service priorities: increase the number of doctors and nurses in the system; provide improved access to early diagnostic tools to catch illnesses earlier; reduce waiting lists; and refocus the health care system to help keep people well in the first place.

That's what the people of Ontario told us, and we're listening. That consultation and the necessary response to it have helped shape our focus over the past year and they continue to do so with this year's budget. That budget, I can report to you, this year is $25.5 billion. This represents an increase of 7.3% over last year. Indeed, since this government first came to power in 1995, that represents an increase of 45% or nearly $8 billion.

This growth has supported a number of initiatives in our priority areas, and I'd like to address the priority areas in the remaining time I have today.

First, health human resources: in terms of health human resources, we remain committed to responding to the needs of Ontario's communities, and indeed this has been a central priority. We recognize that having adequate physician services throughout the province is essential for Ontario to meet its current and future health care needs. Given the persistent problem of physician distribution in Ontario, with shortages in some geographic areas or population groups, we have moved forward on several initiatives to improve access to physician services throughout the province. These are a direct response to the recommendations contained in the report of the Expert Panel on Health Professional Human Resources, which was released in early 2001.

So we are moving forward with plans to establish the new two-site medical school, with campuses in both Sudbury and Thunder Bay, to encourage physicians to learn and live in northern Ontario. We're also providing up to $40,000 in tuition reimbursement and location incentives for each medical student to practise in underserviced locations upon graduation.

We've added all of the 160 new medical school positions announced last year. Forty-seven positions were added just this fall, completing a 30% overall increase in the number of medical school positions in the last three years. We've also created 50 additional rural, regional and northern post-graduate training positions. These positions are in enhanced family medicine and core specialties such as anaesthesiology, general surgery, obstetrics and gynecology.

We're also working with the University of Western Ontario and McMaster University to implement two new rural and regional training networks in southwestern Ontario and central south Ontario respectively.

Last year, we announced a three-year, $20-million investment to help retain doctors in northern Ontario. This provided eligible physicians with a $7,000 retention initiative paid at the end of each year over a three-year period.

Since 1999, we've more than tripled opportunities, from 24 to 90, for international medical graduates -- as we call them, IMGs -- to get the training and assessment they need to practise medicine in Ontario. This includes a new program with opportunities for up to 40 foreign-trained physicians to enter a fast-track program of assessment and registration in return for practising in an undersupplied community. I'm pleased to report that the first assessments began in May. We hope some of these doctors will begin practising by the end of this year.

In addition, we're undertaking a comprehensive review of the underserviced area program and enhancing our capacity within the ministry for health workforce planning.

Of course, we recognize the vital role nurses play in Ontario's health care system and the need to continue to build on nursing investments. To this end, we've made several new announcements to address nursing issues in Ontario. These include a commitment to more than double the number of nurse practitioners in the province, a commitment to make the changes necessary to allow all nurses to work at full scope of practice, and $100 million for the long-term-care facilities sector to enhance the delivery of nursing and personal care. This should add up to 2,400 nurses and personal care workers to facilities across this province.

Since 1999, we've invested more than $800 million to create new full-time and part-time nursing positions in Ontario. We continue to work with our nursing stakeholders, the employers in the province, and the nursing researchers to support the profession.

Fundamental to our vision for the future of our health care system is primary care reform and expansion: the development of an accessible, integrated, dependable system where physicians and other practitioners work in teams to provide comprehensive care to patients 24 hours a day, seven days a week.

I'm proud to report that we've added five new family health networks since the spring, one in each of Oakville, Guelph, Campbellford, Mount Forest and Stratford. These new networks join 14 existing networks where 176 physicians and some 277,000 patients are already enrolled. This, of course, is just the beginning.

I want to talk about access to diagnostics. As I mentioned earlier, another key priority that arose from last summer's public dialogue is access to diagnostics. This government shares that priority and has a demonstrated track record in enhancement of those diagnostic services. Simply put, we're committed to improving access to timely treatment and quick, accurate diagnosis so Ontarians can get the care they need where and when they need it.

In 1995, there were 12 publicly funded MRIs in the province. Over the last seven years, we've approved no less than 32 new MRIs, bringing the total in the province to 44. But we're not finished.

In this year's throne speech, we committed to continue to add to the number of MRIs and to increase their OHIP-funded hours of operation. I'm proud to say that this July I announced plans to provide up to 20 new MRI machines and five new CT scanners, and this year's budget committed an additional $28.3 million to increase the hours of operation for the existing hospital MRI machines. That's an increase of 90% of their funding.

Thousands of patients across the province will benefit every year from this investment. It means that the latest diagnostic tools will be available to patients faster than ever before, reducing the frustration and the stress inherent in wait times.

I'm also pleased to report that over the past two years we've directed more than $380 million to purchase new medical equipment as part of the federal medical equipment enhancement fund. The money that we have used has been used in a variety of settings, including hospitals, regional cancer centres, independent health facilities and community health centres. This funding helped to acquire and install diagnostic and treatment equipment, helping nurses and doctors provide more effective treatment.

This year's budget also supports an increased investment in what we call telemedicine. Telemedicine is a term we use to describe the delivery of health services and the transmission of information using telecommunications for clinical and educational purposes. This year's investment will help build on current projects and work toward ensuring that telemedicine activity in Ontario is coordinated, sustainable, cost-effective and consistently provided across the province, particularly to rural, northern and underserviced areas.

I want to talk about wait times. When it comes to dealing with wait times, the central issue is building system capacity. While our commitment to increased diagnostic services is a huge step forward in this respect, it is our hospitals that of course lie at the heart of the system. Hospitals work in concert with patients, with the community, with front-line providers and with one another, and the more effectively they work, the fewer people have to wait for care.

I'm pleased to report that this year's budget ensures Ontario's hospitals will continue to provide the very highest level of patient care, building on the 88% of Ontarians who rated the care they received in hospitals as good or excellent.

During 2002-03, the province will spend a record $9.4 billion on hospitals. That's a 7.7% increase for the hospitals over the past year. Such unprecedented support will help hospitals in their continued mission to provide timely access to the full range of hospital care and treatment. We're well aware that these new and vital activities need to be organized coherently across the province, and that's why we continue our engagement in the largest hospital restructuring exercise in the country, ensuring a modern, effective and efficient hospital system.

As we discussed in this year's budget, we face major challenges in new capital investment in hospitals and other health care facilities even though we have already invested $2.5 billion to expand, modernize and build new hospitals, and support community health infrastructure.

In 1995, after the decade that we inherited, where we had a broken system with empty corridors and outdated equipment that weren't serving patients or professionals well, we decided we had to reinvest and redesign the system to protect the universal access and to serve Ontario's patients better. This year we will continue to work closely with these health care partners to facilitate the implementation of the Health Services Restructuring Commission directions. While all of the HSRC-directed hospital governance amalgamations have been completed, there is still considerable work to be done. Hospitals across Ontario are at various stages of capital project implementation, including functional programming, design, tender and construction. To assist them, this year's budget contains an additional $153 million for health capital, which is an increase of almost 80% over last year.

Right now, I would like to address how we are also targeting specific programs to improve waiting times.

Patients with the most complex or unstable conditions require active medical management of their care, frequent medical interventions and technologically based hospital care. Since the year 1999-2000, we have put 543 new rehab beds into operation. We plan to add another 564 beds over the next four years. This is a first step in reforming our rehabilitation system to ensure that patients receive appropriate rehab services faster.

We've also directed $9.6 million to expand and evaluate cardiac rehab centres in Ontario, based on the report of the consensus panel on cardiac rehabilitation and secondary prevention. Since 1995, this government has approved more than $186 million in new funding to support roughly 69,000 additional cardiac procedures. Our plan encompasses a continuum of services from heart disease prevention through diagnosis and treatment to cardiac rehabilitation.

When it comes to emergency health services, every Ontarian deserves access to an ambulance when they need one. Just last month, I announced $32.5 million to enhance emergency health services by creating positions for over 500 more paramedics and 66 new full-time-equivalent dispatch workers. Together, they will help alleviate ambulance pressures, improve ambulance response times and, overall, improve the delivery of emergency health services.

We continue to work with Cancer Care Ontario and the University Health Network/Princess Margaret Hospital to reduce Ontario's cancer wait times. In the 2002-03 budget, I am proud to say we have committed to further increasing support for cancer patients. Increased funding of $50 million will be provided over three years to enhance the Ontario cancer research network, doubling the number of patients who can benefit from this research, and $29.5 million will be provided to modernize and upgrade cancer radiation equipment.

This year, our total funding for Cancer Care Ontario is $312 million, a 27% increase over last year. This means cancer patients will receive care more quickly, using more effective drug treatments. It will also be used to purchase new, leading-edge anti-cancer drugs to combat breast cancer, ovarian cancer and lymphoma. Patients from Ontario who suffer from lung, prostate and colorectal cancer will also benefit from this funding.

We also reduce wait times by improving access to medical services. Alternative funding plans, or AFPs, as we call them, are used to provide flexibility in practice, encourage coordination or integration, improve compensation for highly specialized groups, and assist with retention and recruitment of physicians. The ministry currently manages more than 260 contracts, valued at over $445 million, with more than 3,350 physicians participating in some capacity.

This year, increased funding will be particularly focused on emergency department services, specialists in northern centres, specialized pediatric care and physicians in academic health science centres.

Furthermore, as you know, in 1996-97 we created 43 community care access centres across the province to provide a simplified entry point for people in need of community-based long-term health care. In the 2001-02 year, Ontario spent nearly $1.2 billion for services provided through CCACs, and some $1.6 billion on long-term-care facilities. Ontario's spending on home care has increased by nearly 70% since 1995.

Since 1998, Ontario has been engaged in the largest-ever expansion of long-term health services in Ontario's history: a $1.2-billion plan to improve long-term-care facility and community programs over six years. Some $600 million of this investment is directed toward long-term-care facilities to meet the increasing care requirements of residents and the growing numbers of elderly people requiring care.

Our plan has always been to provide the health services we need not just for today but for the 21st century, as we progress through that century. We are making room for Ontario's growing and aging population, building new long-term-care beds and rebuilding existing beds in our system.

I can report to this committee that to date more than 6,600 new beds have been built and occupied and another 13,400 are currently under development or awaiting municipal approval. We have also rebuilt more than 2,000 existing beds to comply with current standards and more than 3,700 are currently tendering or under construction.

Today's new design standards feature a more homelike environment and promote a better quality of life for residents. I'm sure many members of this committee have visited the new facilities in their communities and can attest to this fact.

This year's budget provides nearly $100 million to continue the expansion of long-term-care beds. As we can all appreciate, more beds mean less waiting. It's a simple equation. We are also reducing wait times through changes we made this year to long-term-care placement coordination services. Those changes mean that bed vacancies in LTC facilities will be filled more quickly by people with the greatest need of facility care.

In the remaining moments I have left, Mr Chair, I would like to talk about health promotion and wellness.

People told us to keep people healthy in the first place before they get sick. So one responsibility of a modern health system is to show people how they can lead healthy lives and indeed stay healthy. That responsibility bears a double accountability. It takes both the system and its users to make it work properly. It means we need to encourage people to ask themselves difficult questions such as, "Am I healthy right now? Am I making good decisions about my health? Am I making good decisions for my children about healthy practice and healthy diet?" And of course we need to help people answer those questions and to take action on those answers.

With this in mind, our government will continue to focus on public health promotion. We know that most illnesses and premature deaths are preventable. For example, in Ontario it is estimated that more than 25% of all deaths attributable to cancer are due to tobacco use, poor nutrition, physical inactivity or alcohol consumption. There are few people who are unaware of the impact of smoking, the leading preventable cause of premature death, disease and disability.

Health promotion and disease prevention programs pay off by creating a healthier population, reducing human suffering and financial stresses of the system and strengthening the system's sustainability in the long run.

I am proud to say that Ontario leads the way in a number of excellent prevention programs. For example, a baby may be born with Down's syndrome or have a congenital heart defect. A six-week-old may not be turning its head toward noises. A toddler may be a late talker. We are committed to ensuring that these children can still achieve their best. Supported by annual funding of $74 million, the Healthy Babies, Healthy Children program is in place to help address the well-being of Ontario's children and give them the best possible start in life. Any one of these or many other problems sets in motion a network of community resources to help.

As well, we have an innovative $44-million program that has made free flu shots available to everyone in this province in each of the past two winters. Still the only program of its kind in North America, it aims to keep people healthy and reduce pressures on family doctors and emergency rooms. As well, we are investing an additional $9 million to support West Nile virus surveillance and prevention this year and indeed that program is in full swing as we speak.

Chair and colleagues, I can elaborate, in the presentation, on our healthy programs with respect to heart health, our stroke program, our program with respect to rehabilitation of stroke victims, our program when it comes to asthma and action, our program with respect to mental health programs and services, including new community-based services and homes for special care and general psychiatric care. All of these are new initiatives since 1995 and indeed show that we have placed our emphasis not only on hospital care but also on community-based care.

Our success in Telehealth Ontario, another program that helps ensure that our emergency rooms are not overcrowded, is as well a signal program for the past year and indeed is supported by an annual budget of $45 million this year.

In the remaining moments of my time, I wish to commit to you that health care must and will remain a priority for public funding now and in the future. It has grown, in terms of budget, from $17 billion in 1995 to $25.5 billion this year. Again, health care spending is rising faster than our economy. Indeed, at the rate we have experienced over the last few years, we are well on our way to approaching a budget that represents 60% of Ontario's program spending, given current rates of expansion, in the next few years. Right now it's 47% of program spending, up from 38% when our government was first elected. That means our federal partners have an important role to play when it comes to sustainability.

On that note, we'll leave it to the questions as they come forward. Thank you for your time and your consideration.