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Mr Chair, fellow members from all sides of the House and members of the public, it's an honour to be here today before the Ontario Legislature's standing committee on estimates. It's also a pleasure. I've heard this process -- estimates defence -- referred to as difficult, even gruelling, but it's also the essence of democracy. It's an opportunity for members of the Legislature to hold the government accountable for its claims and its activities, and perhaps even more important than that, it's an opportunity for the government to hold itself accountable. I'm going to be mentioning accountability in health care a fair bit during my remarks here today. Perhaps it is only fitting that I should do so in the process of holding myself accountable to you. I do so with pleasure and pride.

It was one year ago this month that Premier McGuinty asked me to assume the position of Minister of Health and Long-Term Care in our new government. I accepted his offer, feeling a mixture of anticipation and trepidation. But over and above these two things I felt a sense of honour. I told him then and I tell you now I am honoured to serve in this way, particularly in this portfolio, particularly at this time.

I took over health and long-term care at what I believe was a crucial time and under what I have to tell you were difficult circumstances. I believe that our system of public health care is the best expression of Canadian values. For generations we have been able to judge ourselves as a society by the way we provide health care to our citizens, and we have always rendered a positive verdict. I believe that remains true, but the situation we inherited a year ago left me wondering if it would remain true for long. Our overall fiscal situation has been well documented and it need not be revisited in depth here. Suffice to say that with an unexpected deficit of nearly $6 billion, not to mention unfunded liabilities like unpaid bills from previous years languishing on the books of Ontario's hospitals, we face serious challenges in the continued delivery of every service and program Ontarians rely upon, especially health care.

Beyond the normal challenges, like overcrowded emergency rooms, the previous office-holders presided over a remarkable deterioration in public health care. Long-term-care facilities were the source of unsettling concerns about the quality of care being provided to our most vulnerable citizens. We faced a shortage of nurses and doctors, almost one million Ontarians couldn't get access to a family doctor, and 134 communities were underserviced for primary care. Government cuts and downloading had resulted in serious risks to public health, and warnings about these risks went unheeded. On top of all that, the system was increasingly inertia-bound, not lazy by any means but one that lacked the ability and possibly the will to change, to move. But move we immediately realized it must; change we absolutely realized it must. We were elected as a government to bring change, to effect transformation, and today I want to tell you about our transformation plan for health care, a plan that is already well underway.

To do that, I need to set the scene. The vast ministry that I oversee as minister directs the delivery of health care services to 12.3 million Ontarians. I've been heard to say before that it's a big job but somebody's got to do it, and I'd like to take this opportunity to commend the people who do that job, the members of the Ontario public service. The OPS has a well-earned reputation for excellence around the world and the staff of the Ministry of Health and Long-Term Care are extremely dedicated to the task of helping to operate our health care system. In addition, we fund hundreds of thousands of health care workers and health care providers outside the ministry. Here is but a partial list:

Ontario has more than 21,000 doctors and more than 140,000 nurses; we have 23 regulated health professions; we fund 155 hospital corporations to the tune of more than $11.3 billion; almost 600 long-term-care communities and homes receive over $3.8 billion in funding; we invest $1.2 billion in community mental health, addictions and psychiatric hospitals; we help 2.2 million people with our drug program, which pays for about 3,400 different medications on an annual budget of more than $2.5 billion. Did I mention that health and long-term care is a vast ministry? Our budget, more than $30 billion, amounts to nearly half of our total budget as a government. It has been growing at a rate of 8% a year for the past four years, significantly faster than the overall government operating budget. In any context, that would not likely be sustainable. In the context of a government facing enormous fiscal pressures, it is clearly not sustainable. Against the backdrop of a growing and aging population and increasing demands for new and expensive innovations, you suddenly have a picture of a system whose costs are at risk of spinning out of control.

Mr Chair, fellow members, ladies and gentlemen, that is the situation we inherited and that is the situation we have set out to change. As we approach our first anniversary as a government, we have a list of accomplishments in this regard that I am very proud to present to you today.

Let me begin with Bill 8, the Commitment to the Future of Medicare Act. Seldom has a name described so perfectly the intent and the effect of a law. Bill 8 grew out of an acknowledgment that medicare needs stronger protections and needs to evolve to meet the realities of health care today. It accomplishes two absolutely fundamental things: It ensures accountability for spending public money to achieve intended results, and it protects and promotes the accessibility and quality of public health care.

Now, I warned you that I would be talking about accountability. It is the cornerstone of the relationship between government and its citizens, as well as between public institutions and the people they serve. Bill 8 embeds accountability within the fabric of medicare by adding it as the sixth principle, on top of the five in the Canada Health Act. We are the first province to enshrine accountability in this way, and I predict that we will not be the last.

We are also creating the Ontario Health Quality Council, which will report to the people of Ontario on how the government and the health care system are performing with respect to priorities like wait times, access to family doctors and home care. The council will begin reporting next year, charting our progress as we move forward, and in so doing will absolutely ensure our accountability and the accountability of the entire system to the people whom we serve -- more than 12 million Ontarians.

Bill 8's second major accomplishment is to enhance the accessibility of health care. Accessibility is a tenet of the Canada Health Act. It is the basic principle that lies at the heart of this system in which we take so much justifiable pride: the notion that every citizen, regardless of economic means, where they live, their age or ethnicity, should have access to the health care they need. If people find ways of jumping the queue, that basic principle has been betrayed. If doctors extra-bill, that basic principle has been betrayed. Bill 8 gives the ministry more tools than ever before to uncover instances of queue-jumping and extra-billing, and we will put those tools to good use.

In fact, we already have. When the American for-profit company Lifeline began trying to make inroads into Canada last month, we used the section of Bill 8 that prohibits companies from charging for insured services to convince them that it was a bad idea. There is no place in this province for that kind of "pay your way to the front of the line" health care.

One of the great mysteries of the past several years in this province has been the treatment of nurses by the previous government. This is a group of people so vital to our health care system, who do such great work and answer such a noble calling, yet their concerns were dismissed and they themselves were personally insulted by a former Premier. No surprise, then, that we have had a shortage of nurses in Ontario.

We're changing that. We have taken significant steps to restore the foundations of the nursing profession by earmarking funding specifically to create more full-time nursing positions, provide opportunities for nursing graduates to gain workplace experience, improve working conditions for nurses, and buy new safety equipment for nurses and their patients. To date, our government has invested $89 million to improve access to full-time employment and improve working conditions for nurses in Ontario. This has resulted in the hiring of new nurses and less use of outside agency nursing services and overtime. As well, our recent long-term-care investments included $191 million to hire new staff, including 600 nurses.

We understand that good nursing underpins health care across its whole spectrum of services. That is why we were delighted to support the Registered Nurses Association's best practice guideline project. By addressing the core issues that affect nurses in all stages of their careers, we will build a health care system that makes Ontario an employer of choice for nurses and contributes significantly to improving patient care in this province.

In addition to moving quickly to address the nursing shortage, we have taken a very important step in reducing the shortage of doctors in Ontario. This year we are investing $26 million for training, assessing and supporting international medical graduates. Far too many qualified people have had to work as cab drivers or janitors instead of in their chosen profession, medicine, because of bureaucratic and cultural barriers to people who received their training abroad. It's a lose-lose situation that we're beginning to rectify. Our new centralized assessment system, known as IMG Ontario, opened in June of this year. It offers a streamlined process so that information, assessment, training and registration are easily accessible for qualified international medical graduates. As of last month, we had accepted 165 international medical graduates for training or assessment, compared to 90 last year. In 2005, that number will rise to 200. This means more doctors in Ontario and better care for patients. The next year also looks like a positive one, with the opening of the first class of the Northern Ontario Medical School at its campuses in Sudbury and Thunder Bay.

One of the biggest issues we have had to deal with this past year concerns our hospitals. Hospitals have been and will continue to be the anchors of our health care system, and their sustainability is of absolutely paramount importance. Unfortunately, for the past few years, Ontario hospitals have been careening down a dangerous slope toward unsustainability, and the rest of the health care system has been dragged down with them. Years of double-digit funding increases under the previous government have starved community-based health services like home care, long-term care, public health and mental health. Since taking office less than a year ago, we have invested $385 million to clean up the hospital deficits from last year and then a further $469 million in operating funding for this year. We have also acknowledged a further $721 million in unpaid operating bills -- another skeleton of the Harris-Eves closet. Total hospital funding is now up to $11.3 billion. That is the single largest expenditure we have as a government.

However, we have also made it clear to our hospitals that the era of deficits followed by bailouts followed by double-digit increases, year after year after year, has come to an end. We have given our hospitals 18 months in which to get their budgets under control. That is the time period they requested. We will work closely with them in order to help them accomplish their goals, ensuring at all times that the quality of care received by patients is not threatened.

At the same time, we are working very hard to make the systemic changes necessary to ensure hospital sustainability. They've been asked to do too much for too long, and we acknowledge that. That is why we have invested hundreds of millions of dollars in community-based health care, to allow tens of thousands of patients to find the care they need in their communities and in their homes rather than in the emergency rooms of their local hospitals: 406 million new dollars in long-term care; $103 million more for home care; $65 million more in community mental health, which is the first across-the-board increase in 12 long years; and $29 million in community support services. We're spending $600 million over the next four years to build 150 family health teams, which I'll have more to say about in a moment. We have also increased funding for community health centres and will shortly be announcing 10 new community health centre satellites.

These are unprecedented investments, and they are only the beginning. Our government has made a long-term commitment to community-based care because it will make a difference. It will make a difference to the people receiving that care and it will make a difference to the hospitals, which will see the pressure taken off their emergency rooms. They will have more staff and resources to do what they do best and what only they can do, which is provide acute care to patients who need it most.

The other obvious way to relieve strain on hospitals is to bring about an overall improvement to public health. We are bringing prevention and health protection back to the forefront of health care. We signalled our commitment to public health with the hiring of Dr Sheela Basrur as chief medical officer of health. We then increased the provincial share of public health funding by $47.5 million this year. That's on top of a $41.7-million strategy to revitalize our public health capacity in direct response to the Walker and Campbell reports on SARS. As well, we are launching vigorous campaigns to promote fitness and to combat smoking and childhood obesity -- programs that you will be hearing more about very soon.

One of the big accomplishments of the past year is one that we can only take partial credit for, and that is the recent federal-provincial agreement on health care. Let me emphasize, however, the critical leadership role played by Premier McGuinty in bringing the deal to fruition. It is a very important deal. It signals a new era in health care, one in which we have the will and also the means to make significant progress in key areas.

That brings me to my government's transformation plan for health care in Ontario, a plan which is already well underway. It is a plan for saving our public health care system, for making it sustainable for years and generations to come. It is a plan for ensuring that all Ontarians, at all times, are able to receive the kind of quality care they need and deserve.

It begins with leadership. We have assembled a team of leaders to drive forward the implementation of our health care transformation priorities. It's our health results team. This team of seven tremendously experienced and creative people will be responsible for leading the implementation of each part of our transformation plan. They will work with other parts of the ministry, health providers, community groups and associations to get this mission accomplished for Ontario's patients. As you may have already heard, I've appointed associate deputy minister Hugh MacLeod to be our team leader. Hugh was most recently the assistant deputy minister of the ministry's acute services division, and he brings tremendous energy and a singular understanding of how Ontario's health care system operates.

Two weeks ago, Premier McGuinty and I were in Ottawa announcing a major expansion of MRI services in Ontario: nine new machines across the province, as well as three for-profit facilities that we have repatriated into the public system. That was a very important announcement. Over the next 18 months we will add about 10% MRI capacity to the system and dramatically reduce wait times across Ontario. It is but a first step.

Many of you have heard of Dr Alan Hudson. He is also a member of the health results team. Dr Hudson will be spearheading our wait-times strategy. Starting this year and over the course of our mandate, we will address wait times by increasing volumes in these priority areas: MRIs, cardiac procedures, cancer care, joint replacement and cataract surgeries.

Our investments will do the following:

Fund the nine new MRI services I just mentioned, all of which will be up and running by 2005-06;

Increase cardiac procedures by more than 36,000 by 2007-08;

Fund 9,000 additional cataract surgeries each year;

Deliver 2,300 more hip and knee replacements by 2007-08; and

By the fall of 2006, our government will have a registry on all our wait-time priorities so we will be able to mark our progress together, alongside Ontarians.

Dr Jim MacLean is another member of the health results team. Dr MacLean is going to be our lead on primary care reform. I haven't heard of an expert in the field who doesn't believe that primary care reform is the key to the sustainability of our health care system. It is also critical to the sustainability of our hospitals.

Dr MacLean is going to lead the construction of our 150 family health teams across Ontario by 2007-08. These teams will be composed of doctors, nurses, nurse practitioners, pharmacists and other health care professionals. They will provide multidisciplinary, comprehensive, front-line health care right in people's communities. They will do a much better job of helping patients navigate through the health care system, and by dramatically improving disease control and chronic disease management, they will reduce overall strain on our health care system. Because these teams will operate around the clock, hospital emergency rooms will see fewer 12-year-olds with ear infections at 2 o'clock in the morning, and I think we all know what a difference that will make. We will work with local communities and providers, including doctors, nurses and other professionals, to create our family health teams. They will be designed for communities and by communities, not imposed by Queen's Park. We will announce the first 45 of these teams this fiscal year.

The theory of family health teams is based on better integration of the system. That is the fix: a system that is better integrated, whose component parts complement and in fact improve one another. We are doing it on one level with the family health teams. We're taking it to a whole other level with local health integration networks, or LHINs. LHINs are the next logical evolution in our health care system. I use the word "evolution" very deliberately. They are evolutionary, not revolutionary.

We all know we do not have a true health care system. Health care in Ontario is more of a loose collection of services -- first-rate services delivered by highly talented health professionals, but not a true system. Consider this: We have in Ontario 155 hospital corporations, 581 long-term-care homes, 42 community care access centres, 37 boards of public health, 55 community health centres, 70 community and public health labs, 353 mental health agencies and 150 addictions agencies. Taken individually, these all do great work, but taken collectively, that's the problem: They're never really taken collectively. From a bird's-eye view they're a hodgepodge of services with nothing aligning their planning and delivery. That isn't good for patients and it stifles the enormous potential locked within our public health care system.

We know that Queen's Park does not have all the answers. We know we are not the people closest to the day-to-day health care needs of Ontarians. Health care is very much a community-based activity, and we believe the best health care is found locally.

That is where LHINs come in. They're a made-in-Ontario innovation that is going to improve the integration and coordination of programs and services by ensuring there is accountability for these things at the community level. LHINs will align planning and delivery of health care along geographic boundaries that match patient referral patterns. That way, resources will be better matched to patients' health care needs than they are today. LHINs will facilitate the movement of people across the continuum of care so that they get the best care in the most appropriate setting when they need it. They will facilitate the movement of patients and they will facilitate the spread of excellence.

Let me give you an example. If one hospital or long-term-care home has a great idea, hundreds or maybe thousands of patients benefit. But if that hospital shares that great idea with every hospital and health provider, millions of Ontarians can reap the rewards of innovation. That is the medicare advantage, and we have been missing out on it. In short, LHINs are going to increase local access to health care. They're going to increase accountability and ensure an equitable distribution of services. They will preserve and build on existing integration efforts and networks. But they will not restrict patient choice and they will not require consolidation of existing provider structures.

I believe this is as brave and bold a step in health care as any government has taken in a long time. It speaks to a vision that extends well beyond the mandate of this government. It puts in place for the future a system that truly works as a system, one that is truly integrated, where the various parts work in harmony to deliver the very best quality care for patients.

I've talked about how we are going to make the system more integrated and easier for the patient to navigate. But accountability and integration depend on good information, and the systems to share that information with all members of the health care team. Health information technology has the potential to be one of the most powerful unifying forces in our health care system, but this potential has not been harnessed. The lack of a common technology platform and information base in our system doesn't just slow things down; it seriously compromises patient care.

How many times does a patient or his or her caregiver repeat the same information to different providers at different times? We've all experienced this. It's an enormous waste of time and talent as information is recorded, processed and filed over and over again. The plain fact is that, to date, much of our health technology has been implemented in patchwork-quilt style that is clear evidence of a sheer lack of leadership. It's time for change. Gone are the days that see new technology adopted here and there but never everywhere. Also gone are the days where e-health will be treated as a dispensable expenditure. Information technology is essential to driving our transformation agenda and it is essential to health care in Ontario. What you will see in the coming year is a coordinated, rational strategy to put technology in place to power our transformation initiatives.

With new technology comes the need to protect that information. The Personal Health Information Protection Act, 2004, will help in this regard. It received royal assent on May 20, 2004, and comes into force on November 1 of this year. Protecting the privacy and confidentiality of personal health information is a priority for our government, and I'm pleased to say it's a priority for all members of the Legislature as the House passed the bill unanimously. The Personal Health Information Protection Act establishes rules for the collection, use and disclosure of personal health information. It will also provide individuals with a legislated right of access to and correction of their records of personal health information.

Finally, I would like to address some of the recent speculation about our tentative deal with the Ontario Medical Association and our attempts to improve the way in which drugs are prescribed in Ontario. As my honourable friends are aware, or should be aware given that they too have negotiated similar deals in the past, this is a tentative deal, the specifics of which I can't comment upon. But on the question of improving the way that Ontario patients are prescribed, is there anyone who is really prepared to raise a serious objection to that? There is ample evidence from any number of credible sources that overmedication is a very serious problem. This province's doctors are as anxious as we are to improve the situation because they, like we, are determined to put patients first. Suggestions to the contrary are just offensive.

In closing, let me repeat what I said at the outset: It is an honour to serve this government and the people of Ontario as Minister of Health and Long-Term Care. We're in the midst of transforming a system that proudly defines us as a great society. We've been at it a year and we've taken great strides. I've been proud to speak about some of them here today. I'm equally proud to tell you that we have both the vision and the energy to take many more great strides. Over the next three years we will continue to move forward, integrating, strengthening and improving health care as well as ensuring its sustainability for generations to come. We have 12 million people counting on us now and untold millions of their children and grandchildren set to follow. We won't fail them. Thank you.