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Fellow members from all sides of the House and members of the public, it's a very great honour for me to be here, appearing today before the Ontario Legislature's standing committee on estimates. It's also an honour for me to introduce two members of our extraordinary team, those people who do the hard work at the Ministry of Health and Long-Term Care, who weren't with us last year. I'm pleased to be able to introduce Ron Sapsford, our new deputy minister, and in the end seat on the third row, over my right shoulder, is Dr. Joshua Tepper, the first assistant deputy minister for health human resources that Ontario has ever had. I'll be speaking a little bit more about Dr. Tepper's role in just a few minutes. I'm very, very hopeful, and I send this message to the people in room 230, that you'll get a chance over the rest of the course of our hours together to eat -- to meet, rather; well, take your best shot -- to meet other members of the team.

I'd like to say that however much some of my friends opposite might be hoping to make this a less than happy occasion for me, and I don't begrudge them that, it is a real pleasure to be here. I think that the estimates defence is a key part of what makes a democratic government work.

It's very fashionable today to talk about accountability in government. It's a term one hears so often that I sometimes fear it may lose a little of its meaning and importance, and that would be a shame, because accountability is everything in government. We were elected two years ago in very large measure because the people of Ontario wanted a government that would be accountable. They wanted a government that would take responsibility for taxpayer dollars, not one that would hide multi-billion-dollar deficits. They wanted a government that would make tough decisions if they were the right decisions, instead of a government that would always seek the path of least resistance. They wanted a government that would govern with an eye on the next generation, instead of planning for the next election. The people of Ontario put their faith in us and demanded in return that we be accountable to them for every decision that we make and every action that we take, and that's why I'm here. The estimates defence process opens the government up to public scrutiny, and we welcome that. At the end of this process, Ontarians will, I think, have been very well served. Their government will have been held accountable by them and by itself, and that's the name of the game.

I'd like to start today by taking you back almost two years to one of the very first actions that we took as a government, because it is in the context of Bill 8, the Commitment to the Future of Medicare Act, that everything we have done since should be viewed. Bill 8 enshrined the very concept of medicare into law. It enshrined the notion of equal access for all, and it made illegal the kind of two-tier, pay-your-way-to-the-front-of-the-line health care that the ideological saboteurs of medicare would like to see. Bill 8 embedded accountability into the very fabric of medicare by adding it as a sixth principle on top of the five in the Canada Health Act. Roy Romanow recommended that. Bill 8 defined us as a government in terms of our fierce commitment to the principle of a publicly funded health care system and our willingness to do whatever needs to be done to defend and promote that system. In the wake of the Chaoulli decision, I consider it more important than ever that we be seen and judged in that context. I'll have a little more to say about that particular Supreme Court ruling in just a moment.

Right now, though, I want to tell you where we are, halfway through the mandate of the McGuinty government, and a little bit about where we're going. I want to talk about our vision of health care. It's a vision of a system that will help keep Ontarians healthy, get them good care when they are sick and be there for their children and their grandchildren. Our plan for making that vision a reality is built upon three key priorities, which we have committed to deliver and which we are delivering: shorter wait times, healthier Ontarians and better access to doctors and nurses. In the process of implementing this plan, we are, in effect, also building a system where one really never existed before: one that is responsive to the needs of Ontario's communities and the people who live there, one that integrates to the benefit of patients and one that emphasizes accountability and transparency in a way that has never been done before in our province.

Let me start with wait times, a subject that has obviously generated a fair bit of hyperbole in this country in the wake of the Chaoulli decision. Wait times are a critical barometer in health care. If they're too long, your system is not working properly. The Supreme Court made that very clear for anyone who didn't already know it. But here's the thing: We did know it already. We weren't waiting around for the Supreme Court of Canada to tell us that wait times were a problem. We made our determination to shorten them a key part of our election platform, and we have been on that case particularly for the past two years. Our wait time strategy is designed to shorten wait times in five critical areas by funding an unprecedented number of new procedures, and then keep them shorter by building a system to properly manage them. That's something we've never had in this province.

Since taking office, we have funded 240,000 new procedures -- nearly a quarter of a million -- in five key, priority areas: hip and knee replacements, cataract surgeries, cardiac procedures, cancer procedures and MRI/CT scans. By way of example, if we look at the total number of MRIs we've funded since taking office in this province, we're talking about 116,745 more procedures, an increase of a whopping 42%. This is yielding results. Royal Victoria Hospital in Barrie estimates that wait times for MRIs have dropped there from 42 weeks last November to a little over 14 weeks in July. I've heard anecdotes of people in those communities who are now attending for MRIs at 2 o' clock in the morning, when before our government came to office, those MRI suites lay dormant and the lights were out.

Overall I'm sure we can all see what an extraordinary difference these investments are making in the lives of thousands and thousands of Ontarians. But we're doing more than simply funding new procedures. The increased volumes are attacking the symptom, if you will, but we are also tackling the overall problem. We're not doing that alone. To date, more than 200 doctors have worked on expert panels to create a template for better approaches to handling wait times right across the system. A critical part of reducing wait times and keeping them shorter is managing them, and as I said earlier, until now there really has not been a system in place for doing this. For example, we inherited a system where nobody knew -- I know this will sound incredible, but it must be said -- how many cancer surgeries were being delivered each year in Ontario. According to a survey we conducted a year or so ago, MRI wait times varied from four weeks to 50 weeks depending on which hospital you were at. That is not a system, that's a roll of the dice, and we're changing that.

For the first time ever, we're building a system in Ontario to measure and report to patients on a Web site about the state of wait times in this province, starting with our five key areas. I can tell you that within the next few days our wait times Web site will be featuring up-to-date wait times data broken out by specific procedure, by hospital and by local health integration network area. I wonder whether my friends can see what a hugely powerful tool we're placing in the hands of Ontarians with this Web site. Imagine, for a second, being able to tap a few keys and find out how long the wait is for a particular procedure at your local hospital. Imagine thinking to yourself that you don't really want to wait that long, tapping a few more keys and finding out that waits at the hospital an hour or so up the road are only half as long. You tell your doctor, get a referral to the hospital up the road and get your procedure in a more timely manner. This Web site will serve Ontarians well. It's a model of transparency, it will allow people to take control of their own health care and it will drive accountability into the health care system.

Let me move on to our second key priority: healthier Ontarians. It should be self-evident that keeping people healthy is just as important as caring for them when they get sick. The best kind of health care system seeks to prevent illness in the first place, and that's the system we're proud to be building in Ontario. We demonstrated our commitment to that back in June, when Premier McGuinty appointed my colleague Jim Watson as Minister of Health Promotion. This is the first time this province has ever had a cabinet portfolio solely dedicated to promoting healthy living and illness prevention, because the fact is that Ontarians keeping themselves healthier is a key contributor to the overall sustainability of health care. This is something we all can and should do. It was certainly part of my motivation to compete in a half marathon this past weekend.

Since taking office, we have undertaken the most comprehensive changes to public health seen in this province since the 1980s. As my colleagues will know, Operation Health Protection, which we launched in June 2004, called for an increase in the independence and authority of the chief medical officer of health. Legislation to that effect passed last year, and I thank all of my colleagues who supported this bill.

The plan also calls for increasing public health capacity at the local level by raising the province's share of public health funding, which stood at 50% when we took office. That is being done. We are now responsible for 55%, and that will rise to 75% by January 2007.

We also now have the most comprehensive tobacco control strategy in North America. Again, I'd like to thank members from all sides who offered very strong support for these reforms. The smoke-free Ontario strategy features programs to prevent children and youth from starting to smoke, to help Ontarians who do smoke to quit and to protect Ontarians from exposure to second-hand smoke.

Thanks to the Smoke-Free Ontario Act, smoking will be banned in all enclosed public places and workplaces as of May 31, 2006 -- no exemptions. At the risk of sounding melodramatic, eight months from now this province will be a healthier place to live and to work. The Smoke-Free Ontario Act will also toughen laws on tobacco sales to minors. As of 2008, Ontario children will no longer be exposed to any visible tobacco product in almost any part of the retail sector. I'm very happy to note that, going forward, Minister Watson will be carrying the largest part of the tobacco file. That will be in his very capable and experienced hands.

Last year we introduced three new vaccines to protect children against meningitis, pneumococcal disease and chicken pox.

Fundamental to the notion of keeping Ontarians healthier is improving the care they receive in their homes and their communities. Our entire plan for health care is built on the understanding that the best health care is that which is delivered closer to home. So we are continuing this year with investments in community level care that are unprecedented in Ontario's proud history. We've made a record $1.46-billion investment in home care so that Ontarians can receive the dedicated, compassionate care they need and deserve in the comfort of their own homes. Our funding this year will help an additional 45,000 acute clients, who will be able to receive the care they need in the dignity and comfort of their homes instead of in hospitals. This will also allow hospitals to better provide the acute care services they are so good at providing.

We're making a 21% increase -- an extra $91.7 million -- in funding for community mental health services, which is a critical part of our health care system and one that was all too frequently overlooked by previous governments. Our investments include $27.5 million per year specifically to divert people with mental illness away from the criminal justice and correctional systems. The money will go to community mental health agencies across the province that will provide services to an additional 12,000 people.

We are continuing the revolution in long-term care with a funding increase of $233 million, or 9.4%, including 700 new beds and the continued hiring of new staff that was begun last year. The coming session will also see us introduce a new long-term-care homes act. It will be the cornerstone upon which we build a long-term-care system that will be a model for the rest of the country.

Moving on to our third priority, we have made great progress, since taking office, improving the access Ontarians have to doctors and nurses. There is no doubt that many challenges remain, but we have made significant progress that deserves more attention, I believe, than that which has been provided so far.

As I mentioned at the outset, three weeks ago, Ontario got a first: an ADM for health human resources who reports jointly to my ministry and to the Ministry of Training, Colleges and Universities. Dr. Josh Tepper's mission is to move us forward even faster. His time spent delivering health care in more than a dozen rural and remote communities, like Ignace, serves as his motivation to excel.

He'll be building on a few things where we should cut through the noise and take time to celebrate, because they're very impressive results. For example, the report by the Canadian Institute for Health Information indicates that in 2004, for the first time in a long time -- perhaps ever -- more doctors moved to Canada from abroad than left here; or the news from the College of Physicians and Surgeons of Ontario that we issued more medical licences in this province last year than we have in almost 20 years; or the fact that, according to the College of Nurses of Ontario, the number of nurses working full-time in Ontario went from an estimated 51.7% last year to 59% today, a number, by the way, that is verified by the Registered Nurses Association of Ontario. On the subject of full-time jobs for nurses, we've created 3,062 nursing jobs since taking office, and I'll have more to say about that in a moment. The fact is, we are making significant progress and the investments that we are making this year are designed to continue this trend.

As you all know, we reached an agreement last spring with this province's doctors, one that makes Ontario an extremely attractive place to practise medicine. It's a groundbreaking agreement that encourages doctors to practise in new and better ways -- group practice being a key example -- and rewards them and enhances their ability to provide comprehensive primary care to Ontarians. Under that agreement, fee increases totalling $200 million kick in on October 1. This money will go to support doctors working in group practices, more after-hour patient care and care for seniors.

We're increasing medical school enrolment by 15% over the next four years; that's 104 new undergraduate positions by 2008-09. We're also investing more than $16 million this year to increase family residency positions. By 2007-08, we will have trained 340 more family doctors in Ontario who will provide care to some 400,000 Ontarians.

Let's stop to celebrate this point. It was not very long ago in Ontario that family residency spots went unselected, as people chose instead to pursue specialties nearly exclusively. It is only through the efforts that we have taken to date to revitalize the role of the comprehensive family practitioner, to introduce new forms of practice like interdisciplinary practices, that an astonishing percentage of those residents in our system today supported our agreement with the Ontario Medical Association.

We're training more international medical graduates than ever before, giving many qualified people, who until now have had their dreams of practising medicine in Ontario frustrated, a crack at making their dreams come true. We need them. And while the situation is improving with respect to international medical graduates, we still have much more work to do. We've established a program with the College of Physicians and Surgeons to repatriate doctors practising outside Ontario who would like to work here.

In addition to ensuring that we have more doctors, we are increasing the access Ontarians have to them. We're creating seven new community health centres and five new satellite CHCs over the next two years, building on the 10 satellites currently being implemented. Community health centres are a critically important part of our community-based health care plan, delivering care to those people in our society who might otherwise have fallen through the cracks in our system. I am proud to be part of a government that is expanding a network of community health centres, something that has been long since overdue.

Of course, we are going to continue with the creation of our 150 family health teams. Next month, we'll be announcing the next wave of family health teams, building on the 69 that we announced last spring. Family health teams are the embodiment of the kind of primary care reform that experts like Roy Romanow have been calling for for years. They are groups of doctors, nurses and nurse practitioners working with other health professionals, ranging from mental health workers to pharmacists, to deliver the best kind of comprehensive care to thousands and thousands of Ontarians, many of whom might previously not have had access to a family doctor.

We increased funding for our hospitals by 4.7% this year. More importantly, we introduced multi-year funding that hospitals have said for many years they need to better plan for the future. It's just common sense. From here on out, hospitals will obviously be much better able to plan for their needs and the needs of their patients.

We're also making an extremely significant investment in hospital infrastructure around this province. As part of our $30-billion ReNew Ontario public infrastructure plan, we will be investing approximately $5 billion over the next five years in 66 new hospital projects and in finishing 39 others. These projects will allow hospitals to upgrade and modernize, reduce wait times and provide better service in high growth areas.

Clearly, not every hospital that wants to launch a major capital project is going to be able to do so. That would simply be unrealistic, both in terms of our capital budget and when you consider the added operational costs associated with every new project.

All of these investments in hospitals, family health teams and community health centres, as well as community mental health and home care, will result in more jobs for nurses as we continue to build on the more than 3,062 full-time nursing jobs that I mentioned earlier we have created to date.

The situation with regard to nurses is pretty simple. They're the heart and soul of health care, and you can't have a health care system without them. So we are investing heavily in better education and professional opportunities for nurses, as well as safer nursing working conditions. I'm talking about mentorship programs and initiatives to provide late-career nurses with less physically demanding roles to keep them working longer and continuing education programs that will ensure nurses have the knowledge and skills that they need to succeed in a very demanding profession. We have invested $114 million in ceiling-mounted bed lifts and other safety equipment to reduce the risk of on-the-job injury. In short, we are working very hard to make the lives of nurses better and the jobs of nurses safer and more satisfying.

Ladies and gentlemen, I think I've given you a fair idea of the changes and improvements we are making within Ontario's health care system. I'd like to end by talking to you about a couple of very significant changes we are making to the system itself.

As I said at the outset, we are building a system that emphasizes accountability and transparency in a way that has never been done before in this province. The tool with which we're driving that accountability and transparency is the newly created Ontario Health Quality Council. As most of you know, the Ontario Health Quality Council was established as part of Bill 8, the Commitment to the Future of Medicare Act. The mandate of the Ontario Health Quality Council is to monitor the province's health care system and report to the public on access to publicly funded health services, access to doctors and nurses and the overall health of Ontarians.

What that means is that the council is going to tell the health care story to Ontarians in a way that has never been done before. What was previously an exclusive discussion, complete with acronym language barriers that was carried out exclusively sometimes by people like us in gatherings like this, will now be made accessible to anyone in this province who cares to pay attention.

The council is an independent body. It couldn't do the job we need it to do if it weren't. Just two weeks ago, we announced the 10 founding members of the council, 10 people who bring a tremendous range of health care knowledge to the council, as well as a fierce commitment to helping to improve Ontario's health care system. Their job is to shine a light on the health care system we're building and running on behalf of Ontarians and to give them a sense of how well we're doing. It's their health care system, paid for with their tax dollars. They own this system and, accordingly, they have a right to know how well their money is being spent. The Ontario Health Quality Council is going to deliver annual reports on how Ontario's health care system is performing and on the health of Ontarians. The first will be delivered before the end of this fiscal year.

One of the highlights for me of the upcoming session of the Legislature will be the introduction of our local health integration network legislation. It is something we have been building toward for most of the past two years, since we first determined that this was the direction we wanted to take health care in Ontario, because it's the right direction, though quite frankly it's a direction that previous governments have either been unwilling or were afraid to take.

We told the people of Ontario during the last election campaign that we thought the status quo in health care wasn't good enough, and they apparently agreed, because here we are. Thanks to LHINs, the status quo is no more. We launched our 14 new local health integration networks in June. They have already begun to create the culture for an ongoing dialogue among themselves, local health care providers and, more importantly, their communities, a conversation that has never taken place before. The legislation we are going to introduce, if passed, is going to grant them the power and authority they need to move from dialogue to action.

Local health integration networks represent a dramatic change and a significant improvement in the way we manage health care in this province. The simple fact is, health care in Ontario is a $33-billion operation, and as I have said many times, you can't micromanage a $33-billion operation from head office. It's not even sensible to try. You can shovel 33 billion bucks out the door, you can even point it, vaguely, in the direction that you want it to go, but to ensure that it does what you need it to do, to ensure that every community care access centre, every community support agency and every long-term-care home across this immense province gets a fair and equitable share of funding, to ensure the health care dollars are going to meet the specific needs of individual Ontarians and the specific priorities of separate communities, north, south, east and west, to ensure all that, you need good people in those communities on the ground, managing the system for you and for Ontarians. That's what local health integration networks are all about. They'll be there, in the community, engaging Ontarians, involving them in a broad conversation about their health care in a way that people at the local level have never been involved before, making them part of the debate and part of the outcome. Local health integration networks are going to help us build a system that has patients at its centre, to ensure that in an environment where there will always be fewer resources than we'd prefer, they are prioritized with patients and communities at the forefront in that discussion.

Now, it's not going to happen overnight. This will be an evolutionary process. We plan to take much of the power and authority that currently resides in my office, in the health ministry, team it up with the power to plan and to implement, and through the legislation, transfer it to our local health integration networks. It is community-based government, by and for the community.

Before I conclude, I'd like to say just a few words about the health care situation nationally, which I think is quite promising. I think this is a political era in this country at least partly defined by a collective will to work together to ensure that citizens from coast to coast have health care that they can depend upon. That's why first ministers from the provinces, territories and the federal government came together a year ago to sign a health accord that is designed to ensure Canadians receive the health care they need in a timely manner. It's why I have been working so hard with my provincial colleagues to come up with a partnership model that includes the federal government and drug manufacturers, to provide for Fabry's disease and other such rare diseases. It's why my provincial colleagues and I are calling on Ottawa to step up to the plate and take a partnership role with us in implementing the expensive drugs for rare diseases strategy, to help us ensure that people suffering from these rare diseases don't fall through the cracks. Health care is a provincial responsibility, but in our country, obviously, it's a national undertaking. I look forward to continuing to work with my colleagues across the country in honouring the spirit of that undertaking.

In closing, I'd like to repeat what I said at the outset: It's a tremendous pleasure to be here and an honour to address this committee. Looking back on the past two years, I could cite any number of individual health care accomplishments that I consider to be significant, but there is one overall achievement of which I am most proud: We've defined the problem, we've drawn up a plan, and the implementation is well underway. Between local health integration networks and the Ontario Health Quality Council, the system that delivers health care to Ontarians will never be the same again. With wait times coming down and access to doctors and nurses improving, we're building a system that is much more likely to meet the understandably high expectations of Ontarians, and they deserve no less. Thank you.