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| ***Province*** | ***Législature*** | ***Session*** | ***Type de discours*** | ***Date du discours*** | ***Locuteur*** | ***Fonction du locuteur*** | ***Parti politique*** |
| Ontario | 33e | 2e | Discours sur la santé | 4 décembre 1986 | John Elston | Minister of Health | Ontario Liberal Party |

I am going to be very brief in my opening comments. I think the need for the estimates is that questions can be provided for us and we can do our best to provide answers to members who have some concerns. I find the estimates provide an interesting perspective on some problems. They are of interest to me to see something that we have missed in looking at our own programs.

I welcome the new critic for the Progressive Conservative Party, who was not here last year; I believe Mr. Pope was the critic. The member for Windsor-Riverside (Mr. D. S. Cooke) has retained his status, and I welcome him back again. The member for Mississauga North (Mr. Offer) is heading the home team. I guess these are the only ones we could press into coming in here to listen to my remarks.

Be that as it may, I am going to provide a few overview remarks for the people here-I will not get too specific-and then listen to the reviews of the honourable critics.

We have a budget this year of approximately $10 billion, which reflects favourably upon a budget of about $3 billion just 10 years ago . We have approximately 200,000 people employed directly in the health care system, which means we have a considerable enterprise, if you want to look at it in that sense, in this province . We spend about one in every three of Ontario tax dollars and we spend about $27 million per day. The people of Ontario are making a sizeable financial commitment to the expenditures on health care.

We have a projection that would indicate that over the next five years we will be spending an additional $3 billion, without any inflationary effect being taken into consideration. Spending in health care is growing and will continue to grow. We think we should take the necessary steps to analyse what we are doing, what services we are providing, where we are providing them and come to grips with how we can provide them better and what might be more appropriate for the people of the province. I am saying we have to manage the system an awful lot better and we have to consider what might be appropriate for changes required to allow us to manage the system better.

We spend about 85 per cent of our budget on hospitals, professional fees, private laboratories and drugs; 13 per cent goes to home care, public health, nursing homes, the assistive devices program, emergency and mental health; and about two per cent is used to run the ministry. That is not a bad comparative figure, if we realize that with respect to the Ontario health insurance plan, for instance, we use about 2.6 per cent of the value of claims processed as the cost of administration, while in the United States the private insurers use somewhere around 10 per cent.

We have heavy growth in utilization, a 54 per cent increase in the volume of private lab tests. The Ontario drug benefit, prescription claims are up by almost 300 per cent, and last year exactly 1,405 new physicians registered in this province to practise. It is a six per cent increase in one year, at a time when our general population growth is 1.2 per cent. Today the physician to population ratio is one to 495 people; 20 years ago it was one to 762 people. OHIP claims by

optometrists are up by 46 per cent, claims by chiropractors by 37 per cent and claims by physiotherapists by 36 per cent.

In addition to those demands for extra service, we have the question of how to deal with new technologies. We find that new technologies generally create new demands along with the efficiencies introduced into the system. We had at one time just X-ray equipment to provide us with analysis; then we added the computerized axial tomography scanner; then we added the nuclear magnetic resonator; and we find now, instead of anyone replacing the other, all are used to provide a series or string of services.

We found, for instance, the introduction of new cardiovascular surgery, organ transplants and perinatal care units have carried with them the increased costs of new technologies. We found we have provided better and more services to assist people, but we have not found they have replaced any other service we have here in the province. Everything seems to be piling one on top of the other.

As I said earlier, we have to understand our system much better and understand what it takes to provide better and more thorough management and more accountability. We have to understand that there are questions that have to be answered by the provision of better and more accurate information, information which is useful and decipherable, so that we can understand what this system really delivers.

To give an illustration of where there are breakdowns in information and usable information, we found, for Instance, that half of the hospital patients in eastern Ontario could have been safely attended without admission. This is from a recent survey. We found that only 24 out of 202 emergency departments were evaluating patient care and, most important, the results of the patient care. We found that rates for surgical procedures can vary widely from one county to another . We have also found that not one hospital has a lab utilization review, indicating that we may have data but we may not have put it to the best use. We have not been able to compile it in a reasonable fashion where it can be used.

What we are saying is that as a part of our requirement for management, we need the right kind of information systems to give us the data we need to address the utilization issues. We have to know how to place and allocate services. We have to know how to balance community and institutional care. We have to know how to manage technology and demand power developments. We cannot do that without sophisticated means of collecting, correlating and deciphering what the information needs are.

Once we get more thorough use of the systems to generate the information, we also have to determine how we can use that information to explore options and alternatives to the way we provide service now in the province and take a serious look at the health maintenance organizations, community health clinics and health service organizations as they may apply to our system and how the ones that are in our systems are currently functioning and providing us with health care.

As everyone here will know, health maintenance organizations are not now functioning in Ontario. The other two, community health clinics and health service organizations, are functioning in the various parts of the province.

We have to take a look at all this from the standpoint that we need to know how we can make health care more accessible to people and how we can make health care efficient, effective and economical for all the people in the province. The underlying concern I must express is that when we make these judgements, what has to be at the centre of this determination is that we want high quality care for the people of the province in whatever field we are asking people to deliver that service.

There are a number of ways we might get into making the determinations about that and how we might weigh alternatives that we can explore in the time we have here in the estimates. I am looking forward to delving into that discussion, though I recognize private members may also have more specific questions with respect to their own areas.

These opening remarks give you a flavour of some of the large questions, the broad questions this committee might spend a little time on.