|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Province*** | ***Législature*** | ***Session*** | ***Type de discours*** | ***Date du discours*** | ***Locuteur*** | ***Fonction du locuteur*** | ***Parti politique*** |
| Ontario | 36e | 1e | Discours sur la santé | 15 Février 1996 | Jim Wilson | Minister of Health | Progressive Conservative Party of Ontario |

Mr Chairman, members of the committee, I am pleased to appear before you for the first time in my role as Minister of Health since we came to government. As the Chairman has said, copies of the remarks should be here momentarily.

It's an unusual situation for a minister to perhaps defend the estimates of the previous government, and I'm sure all of you will appreciate the irony. I know you've gone through this with many other ministers and I've talked to them about the rather pleasant experience they've had with this committee so far this year. I hope you won't make me the exception.

As you know, the estimates for 1995-96 were developed before this government took office. I received them in June last year and, as you might imagine, read them with a great deal of interest. This is particulary the case since I was the opposition critic during the last few rounds of estimates committee debates in the previous government. But I will say my predecessors were skilful teachers as ministers of Health and I've had a number of opportunities to learn the ropes.

I will not presume today to defend the estimates of a previous government. However, I can comment that these estimates have helped me become even more committed to making significant change in the way the Ministry of Health functions. This is not change for the sake of change, but change to a new direction, a direction based on realism about what we face together and real optimism about what we can achieve.

So while I am not in a position to defend the previous government's estimates, I do see this as an opportunity to offer you something of a forecast of future estimates and a closer look at how the Ministry of Health and the health care system are well on the road to change. The tools we now have will take us farther down this road of change.

Today I want to talk a bit about the directions we are taking, what the job entails, how those tools are going to be used and what we are setting out to build together.

This government has stated clearly that we are committed to holding health care spending at $17.4 billion a year. We've also stated, however, and it's worth repeating here again today, that the status quo is not an option. As a government, our main goals for the past months have been to get expenditures under control and to restructure government so we can get out from under our crushing debt load.

In the past we have had government by credit card. Well, the credit card's limit has been reached, the card's been recalled and we must begin to live within our budget and live within our means. Ontario can no longer sustain a debt that every hour pulls out $1 million more than what goes into the public purse. This is debt by stealth.

I think we should all understand, as most of us do, that at the end of the day this is not about winning an accounting award; it's about people and their futures and it is about Ontarians having fair access to a system that takes care of all their health care needs -- from prenatal care to geriatric care.

What we are doing is bringing about a fundamental change to the role of government, and nowhere is that more evident, I believe, than in the area of health care. Our government wants to ensure that Ontarians have a health care system that is sustainable and accountable. To do that, the Ministry of Health must change the way it does business.

I'd like to assure you, colleagues, that this is not just rhetoric. We have carefully examined how government has functioned in past years and we've come to the clear conclusion that there must be major shifts in how all of us -- government, health care providers and consumers -- think about health care.

Where once we relied on large, central hospital institutions to treat every ill, we now have a mix of home, community and hospital care. Across the Canadian health care system, where decisions on programs and services were once made based exclusively on perceptions of central authorities, there are now regional and local councils acting as the eyes, ears and consciences of local communities who help government plan and deliver these services.

We have to continue to shift perspectives, but we must always recognize that patient care is key in our health care system. This government's focus and the focus of all our restructuring efforts is on the patient and on a reliable, efficient and accountable health care system. We are responding to the needs of the people of Ontario.

Patients have to become more knowledgeable about their own health and they have to participate more actively in their own care. We must help educate the public and we must continue to be actively involved in health promotion and disease prevention. We do know that people want a say in their health care, and patients are entitled to and should be encouraged to be involved. They should ask questions like: "Do I need to have these tests? What will they do for me and what are you looking for?"

We must evaluate areas where federal and provincial efforts are diffuse and focus on which government has a leadership role so that we can better focus our resources. After all, there's only one taxpayer. I've also stated repeatedly, and will again, that we must get rid of waste, duplication and inefficiency in the health care system. We have to realign our resources and we must direct them squarely at patient services.

We've begun to do that in one important area in terms of streamlining the drug approval processes between the federal and provincial governments. At some point when you have a couple of hours, members, I'd be happy to explain the tremendous amounts of red tape and duplication that we put both generic and brand-name drug companies through, for example, at the federal level and then again in each of the provinces. We've made significant strides over the past six months in getting rid of much of that red tape, which saves money and allows us to keep the money out of that system and put it into purchasing drugs for people in the Ontario drug benefit plan.

We must also restructure the health care system, find savings and then reinvest those savings in front-line care. You know that's been the major theme of the ministry over the past six or seven months. But we have to find the savings first -- and this is an important point -- before we commit money for new or expanded services. You know that we've committed to reinvesting the savings found back into front-line services.

Where we are trying to be different -- and perhaps all governments of all different stripes were in the years past -- is that often announcements were made to find savings and certainly usually at the same time the reinvestment announcements were made or the new programs got up and running, but often then governments forgot to actually go and recommit themselves to finding the savings to pay for the new programs. So you had the programs going one way and you didn't often have the savings on the other side catching up to pay for the new programs. So we've not made any announcements to date where we didn't find the savings first and then make the announcements. It's a responsible way to run things, I think.

We do not have the luxury of deficit spending. The taxpayers and voters in Ontario have told us point blank to stop spending money we simply don't have. I'm pleased to tell this committee that my ministry has undertaken a line-by-line review of all our programs and services. We've achieved savings to date of $132 million through administrative efficiencies and by cancelling projects that duplicated services or that were already being provided by other organizations and/or jurisdictions.

We stopped, for example, funding the massive tobacco advertising campaign, a program that was similar to the one that was being delivered at the same time by the federal government.

We also made savings by putting on hold the previous government's photo ID health card and the massive reregistration program that was planned. With this action, we will make sure that expenditures are diverted not only to an upfront registration process, but to long-term structural change and efficient technology and systems. The photo health card did not contribute to the development of an integrated health information system, but simply duplicated the initiatives of other provincial ministries.

Let me restate that the savings we're making will be reinvested in the health care system. We've already started to shift our policy directions so we can better match the money to health needs and improved accessibility, and we've started the reinvestments.

In the past few months, we've made announcements about improving dialysis services across the province. We're bringing these services nearer to patients' homes and so far we have been able to tell nine communities in central Ontario that they can expect enhanced services earlier this year. I am pleased to tell you that several other new or expanded services will also be started in other parts of the province in the coming months too. I am very proud to have been able to accomplish this within the first few months of my term in office, given that I spent three years in opposition trying to get dialysis services expanded across the province. I think it was about two years ago that the government actually passed a private member's resolution to do that and we were able to find the savings, reinvest those savings and expand dialysis.

We're also reinvesting in emergency services and training ambulance personnel to use defibrillators and special life-saving drugs. By continuing and expanding this project, we will assist paramedics across the province and we will enhance services for people living in rural communities, as well as large urban areas.

We have been able to make significant commitments to cardiac care as well. In December last year, we announced that funding for cardiac surgery would be increased by 19% to meet the increasing demand. I expect this will have a significant impact on waiting times for cardiac surgery over the next two years. I should say that's one year ahead of what was recommended by the provincial adult cardiac care network. Again, we were able to find the money, reinvest it in a shorter time frame and add an additional 1,900 surgeries over the next couple of years, which should dramatically reduce the waiting lists for cardiac surgery in the province.

The 1,900 is over the next two years. Correct me if I'm wrong.

Our government is also reinvesting in yet another vital area of need -- care for patients with acquired brain injuries. I know a number of colleagues have taken a really personal interest in this and I look forward to your questions. We are taking savings that we've made in other areas and using them to repatriate all 76 people who have had to be treated outside Ontario for acquired brain injury, treatment which was costing Ontarians about $21 million a year outside of the province.

Now, these patients will be able to receive treatment in Ontario-based ABI facilities with minimal disruption to themselves and to their families. The patients gain, their families gain and, in the process, Ontario will also save $9 million.

Earlier this month, I announced a reinvestment of savings to train health professionals from across the province in diagnosing anorexia and bulimia, two serious eating disorders that affect a large and growing number of young adults, especially women.

Many of you will also know, of course, about our measles campaign. That too speaks to reinvestment in patient care. Just a few weeks ago, we began the largest immunization campaign of its kind ever in this province. The program is aimed at trying to virtually eliminate measles among our children and to prevent the many terrible side effects of measles, including blindness and premature death.

At a cost of just over $4 million, we are redirecting taxpayers' health care dollars directly into front-line services, in this case preventive services. Be assured this program will have its own spinoffs. By keeping our children healthier, we reduce their chances of further illness, and that too saves us financially in the long run.

In the drug program area, we've been able to make changes to the Trillium drug plan eligibility criteria so that 140,000 more Ontarians can receive help with the cost of high drug costs. Again, this is reinvestment in direct patient care while at the same time containing expenditures in the rest of the drug program to keep it affordable and sustainable.

Most recently, we were pleased to provide a new model for long-term care in Ontario. The new system will allow families or patients to get information about the care they need from one source. We are rationalizing 74 community-based agencies into 43 community care access centres, centres that will provide a single point of access for individuals and families needing care. That means less red tape and duplication, more health care dollars dedicated to front-line services and, most importantly, streamlined access to services.

The program we've announced keeps volunteers, the people who make invaluable contributions to many programs in the province. It keeps those volunteers involved in the long-term care community based system. The Red Cross, the VON, St Elizabeth Visiting Nurses, Meals on Wheels, the individuals and organizations that give so freely of their time and talent will still be there when those in need call for help. Much of what we are doing and what we are planning involves partnerships, and invaluable partnerships such as those I've just described with the VON, Meals on Wheels and other volunteers and groups.

Our restructuring includes provincial mental health care services. We're ensuring communities are involved in the process and that change takes place only when we feel very confident that community care and community supports are established and in place. To that end, as part of new community investment funding, the Ministry of Health will be announcing new, community-based mental health services based on recommendations from district health councils. Resources from the community fund will be used to increase community and support services for people discharged from provincial psychiatric hospitals.

We're also working with physicians to resolve long-standing issues such as the need for physicians in underserviced areas of this province. The number of physicians has grown proportionately faster over the past decade than the population of Ontario, yet nearly 70 communities, 60% more than in 1990, places like Marathon, Geraldton and Alliston -- a town I represent which is only one hour away from this building -- these places do not have enough physicians to treat the people who live there. We're working to find ways to encourage physicians to work in these communities, in communities where they're most needed, and we've taken significant action already.

I recently announced the implementation of the Scott report recommendation that called upon the government to offer a $70-per-hour sessional fee to physicians who provide overnight and weekend emergency services in rural and northern hospitals. Already many communities like Manitouwadge have recruited physicians, some as a direct result of our new sessional fee. I want to publicly thank the community leaders in Manitouwadge who recently wrote a letter expressing the fact that the new $70-an-hour sessional fee has resulted in the fact that they now have an almost full complement of physicians. I think they said they have three new physicians in town for the first time in many, many years.

I recognize that there is still much to be done for rural and northern communities. We're working on a multifaceted strategy that can reliably deliver health services to people in rural, northern and other underserviced communities.

Our estimates for 1996-97 will be significantly different than those you have before you today. We will emphasize spending on agencies and hospitals that have restructured and improved access to direct care; we will spend less on adminstration and management. However, I also want to underscore the fact that I am not asking health care providers to do anything that I have not been willing to do myself. My own staff is fewer in number than in previous governments and the Ministry of Health itself is restructuring to become more efficient and effective.

In the past few months, the public service and the political staff have together carefully examined the work that we do. We have identified the areas we need to focus and concentrate on. We have determined that we need more sophisticated and integrated health planning and that we also have an urgent need for an improved information system. The government, and particularly my ministry, is lagging behind technologically. Because of this, we can't really root out waste and duplication or fraud as easily and as quickly as we want to and as easily and as quickly as the public expects us to.

I'm sure many of you heard the news story last month about the physician who made a claim for about $2,000 for a heart and lung transplant allegedly done in his living room. Colleagues, I can tell you the only good thing about this story is that the physician didn't charge us for the house call. It illustrates frankly how easy it has been to defraud our system.

Today we are in a much better position to address this. These are the kinds of problems we have to fix, not by throwing more money at them but by getting to the root cause of the problem and fixing it.

The reality is, we also urgently need to attend to the technological demands of the Ministry of Health. Improved information systems will allow us to track demands for health care and ensure accountability across the system. They will give physicians, researchers and planners the tools necessary to forecast and meet the demands for future health care well into the next century.

Perhaps most importantly, an improved, well-designed and secure system will work to protect patients' health information, not endanger it. I would welcome questions on this, because key to the work that we will undertake as priorities throughout 1996, the key to all of this is an improved information system for the Ministry of Health so that at some point in the near future we can actually tell you what's happening in our health care system.

As I stated earlier, and I would like to repeat this, we want to make the system work for the patient, not the other way around. The litmus test for our success should not be whether all health interests are satisfied, but whether the patient is cared for. Provider convenience is no substitute for patient service.

We'll do that through sound management and through integrated management. We will do that by establishing business criteria within our own operations and decision-making. All ministries, including the Ministry of Health, have prepared detailed business plans. We're introducing business case criteria, performance measurements and improved accountability as we review our spending. We will also make the system work for the patient by restructuring hospitals and having physicians in communities that need them.

The Health Services Restructuring Commission will facilitate restructuring, first within the hospital system and beyond the institutional area, if necessary, to improve integration of care across the province. The work of the commission will be directed, as outlined in Bill 26, by the studies prepared by the local communities through the district health councils.

Hospitals in Ontario have been living with change and the need for restructuring for some time. We're listening to those health care providers on the front lines and giving them the tools to restructure hospitals and bring about better, more effective and appropriate patient care.

The Ministry of Health is taking on a new role as we restructure our health care system. We will no longer be the passive payer, providing funds to whatever problems seem the worst. Instead, we will become strategic managers, focusing on creating a seamless health care system where the patient does not fall through the cracks. We will create an integrated system where the individual gets the right care that will most improve his or her health.

We will set overall directions and provide standards or benchmarks for services. We will continue to provide funding, but we will ensure that money is spent on a planned system-wide basis. We will foster effective, efficient and appropriate care at all times and we will become less of a direct service provider through hands-on programs administration, while encouraging more joint private and public sector participation in health care delivery.

How will the new health care system look? The system we will see in the future will link funding with accountability, and that includes everything from physician fees to hospital budgets. Health service providers who receive taxpayers' money will be held accountable for how it is spent. There will be targets and benchmarks emphasizing improved patient outcomes. Waste and duplication will be squeezed out, leading to a more cost-effective health care system.

The system will be dynamic, open and innovative to partnerships, change and reform. We will work with the private sector to instil competitiveness appropriately, and that will lead to better and more wide-ranging services at reduced costs. An example of how we've already acted on that principle of partnership with the private sector has been the dialysis request for proposal process that did go out across much of the province, where the guiding principle was highest quality and best price. In the tenders that we've seen come back to date and the ones that were awarded, I think it's about 50-50; the private sector won about half of those tenders and hospitals or other public agencies won the other half. There are more tenders to go out and to be awarded across the province; and, again, quality before price. So far it's worked very well.

Finally, but just as importantly, the system will be founded on quality, as I said. We can extend our definition of "optimal patient care" -- and that is a made-in-Ontario definition, which is giving people the right care at the right time -- and the extension of that definition would be to giving people the right care at the right time the first time. Once again, getting it right the first time means putting the patient first.

At the end of the day, we're creating a health care system in Ontario that is based on strong leadership: leadership from the government in bringing about needed and long-overdue hospital restructuring; leadership from those same hospitals in finding better, more cost-effective ways to treat their patients; leadership from physicians in helping us to bring costs down and provide a more equitable access to services around the province; leadership from front-line health care providers and volunteers in ensuring optimal patient care everyday.

We've made some difficult decisions already, as you know. More lie ahead. But we are on our way to maintaining and enhancing what is no less than the best health care system in the world. I firmly believe this.

Ontarians, like many Canadians, are anxious about the future of health care. As the federal government reduces funding transfers to provinces, including Ontario, that anxiety can only grow. This year, for example, the Ministry of Health expects to lose about $40 million in federal transfers, and over the next two years Ontario will lose some $2.2 billion in transfers from Ottawa.

But we've made a commitment to maintaining a system-wide level of funding to health care. We will spend smarter and make the changes that are needed to do that. The people of Ontario want to know that the health care system will be there for them when they need it. Our number one objective is to do just that, and it's the basis for our vision of our new health care system in Ontario.

It's a vision that shifts resources more and more to community-based services and away from expensive institutions; a vision that reforms primary care so physicians and other health care practitioners can practise in a way that ensures optimal patient care; a vision that allows us to reinvest in priority areas where we can immunize school children and eliminate measles in Ontario by 1997; a vision that expands treatment programs in cancer care, dialysis, cardiac care, mental health, public health and community health services; a vision that emphasizes prevention, early detection and intervention and allows us to reinvest our resources based on this vision in such areas as breast cancer screening; a vision that entails fewer but restructured hospitals delivering more accessible and effective patient care; a vision that uses information technology and health information to link our health care system into a seamless web that allows for better health outcomes and more accountable health care decision-making.

Patient-focused care and accountable health services delivery are the twin pillars of our new health care vision of Ontario.

Mr Chairman and colleagues, I have every confidence that we will achieve this vision and I have every confidence that when we return next year to debate the 1996-97 estimates, I'll be able to give you more examples of savings and reinvestments that we've made as we change the Ministry of Health and the health care system to one that is integrated and seamless and puts the patients first.

I look forward to your comments and your questions. Thank you.