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| Ontario | 37e | 1e | Discours sur la santé | 11 octobre 2000 | Elizabeth Witmer | Minister of Health | Progressive Conservative Party of Ontario |

Thank you very much, Mr Chairman and members of the committee. I'm certainly very pleased to be here to review with you the estimates for the Ministry of Health and Long-Term Care for the year 2000-01. With me today is the assistant deputy minister.

I appreciate the opportunity to discuss with you some of the achievements that have been made this past year with respect to Ontario's health and long-term care system. Certainly I'm pleased to be able to outline for you some of our future directions.

Since taking on the responsibility for this portfolio three years ago yesterday, I have spent a considerable amount of time seeking the views of people in this province, particularly those people who have a direct stake in the system, be they providers or patients. I'm pleased to say that as a result of those discussions and as a result of input, there seems to be consensus on the progress we are making in regard to health system reform and also in regard to the basic principles that shape our vision for the future of health services in Ontario.

Some of those common principles would be that there is support for accessible, integrated, quality services provided across the broad spectrum of our health system. There is certainly support for enhanced and accessible community-based services; there is support that we would continue to reform our system in a way that we would move forward with primary care reform; and there is support that we would improve coordination among the health stakeholders and also for better utilization of services.

There is support for enhanced use of information and information technology to improve our decision-making capability and support that there be accessible health information provided to people in this province in order to help them to make better choices, more informed choices and decisions. Certainly there is the anticipation that we will move forward with providing health services that are going to be capable of meeting the needs of our growing and aging population.

As a result of the fact that there is general support for these principles, we as a government will be continuing to carry out the most ambitious reform of the provincial health system that has ever been undertaken, not only in this province but in Canada.

In order to realize our goals, we've had to make some very difficult decisions, but I'm also pleased to say that as a result of some of those decisions, we have been able to work co-operatively with our health care partners and, as a result of the advice and input, we have been able to achieve some very good and very positive results, recognizing that there is always more work that needs to be done.

Let's just take a look at some of the events that are unfolding as we take a look at the health care system. I mentioned that there is general support for primary care and I'm pleased to say that at the present time we have seven primary care pilot projects in place throughout the province. As you know, as a result of the recent agreement with the Ontario Medical Association, we are able to move forward and hope to move forward over the next four years and at the end of the four years have approximately 80% of the eligible family physicians moved into primary care. That will improve accessibility to primary care services and it will mean there is 24-hour care seven days a week. Also, within those primary care networks we hope to have different health stakeholders working together.

We see one of the key health professionals who will play a very important role being the nurse practitioner and the nurse, and of course others that may be involved would be psychologists and social workers and certainly other health stakeholders as well.

I think that is an exciting move that we're going to be making in order to improve accessibility to services throughout Ontario. As I say, there will be considerable movement in the next four years, as we move forward to ensure that 80% of our family physicians who are eligible move into primary care networks, and that will be a team of health professionals working together.

As you know, we also set up 43 community care access centres. We moved from a situation where people had access to different centres of information. We now have what we call one-stop shopping, and people have indicated it's much easier to get information about community services and long-term care services. We're presently doing a review of those community care access centres because we feel that they've been operational for about three years, and I think we have to take a look to see if they are indeed achieving the goal, if the level of service that is being provided is appropriate. We need to take a look at the strength of that particular system and I think also take a look at where there are opportunities for improvement. So we look forward to working not only with those involved within the community care access centres but also with stakeholders who use the system-whatever we can do to better achieve the objectives.

We're continuing with hospital restructuring, and I think for anybody who is out travelling through the province, we've not seen this amount of construction for a long, long time. We have new hospitals being constructed. In fact, Mrs McLeod would certainly be aware of the fact that in Thunder Bay there is a new hospital. We have one in North Bay and we have others that are requesting new hospitals. Peterborough has been given a new hospital as well. But we also have about 56 hospitals that are expanding their emergency rooms and we've been able to fast-track those emergency rooms. We are constructing three new cardiac centres in the province, in York, Peel and the region of Waterloo. We have five additional cancer centres that will be available to meet the demands of patients. It's all part of bringing these services closer to home.

Those are in Waterloo, Peel, Durham, Sault Ste Marie and St Catharines.

We're expanding other cancer services as well in the existing centres, because unfortunately we are seeing an increase of about 3% in the rate of individuals who are getting cancer. We need to make sure we have the space available to provide the treatment. At the same time, we're moving forward with the human resource strategy in order to ensure we have the oncologists, the physicists and the radiation therapists.

As you know, we are recruiting these radiation therapists from overseas and from the United States. But I know as recently as last week, when I met with my colleague health ministers, we're all in competition because the shortage of radiation therapists is one that is being experienced by all of us across Canada. Although we're now paying ours a very competitive rate with very good benefits, there is a tremendous number of people coming in and out of the system. We will continue to focus on ensuring that we have the human resources to staff our centres.

I'm also pleased to say that we're looking at further ways to increase the number of educational opportunities for radiation therapists. We have increased the class size from 50 to 75, and we're looking now at ways to expand even beyond that and hopefully make that program available to people in more parts of the province. It's presently concentrated primarily in Toronto.

We are moving forward. We've put a lot of money into priority programs. Priority programs are programs where we have a tremendous amount of need. I've spoken to you about the increased access we're providing for cancer care and cardiac care, but unfortunately we're also seeing an increased number of people with diabetes, about 10% per year. We are making sure there are facilities to treat those who have some of the consequences. We are making sure that dialysis centres are available throughout the province. I think we've added about 30 dialysis centres, and we hope to be in a position in the near future to speak about further plans that we would have to bring this service closer to home.

I think anybody who has the need for dialysis recognizes the toll it takes on their personal life. We're doing everything we can to move as many services as we can as close to home as possible so that whether you live in the north, the south, the east or the west, hopefully you can easily avail yourself. I have certainly been touched by many people who have suddenly had dialysis services available close to home and no longer have to travel. They're just absolutely thrilled that they can get on with day-to-day living without having to worry about the winter driving, the whole day driving back and forth or staying overnight. I can assure you our government will continue to increase access to dialysis services.

Hip and knee is another priority program. Unfortunately, with the aging population we have many people who need hip and knee replacements.

I would agree. We can be any age and we certainly do want to make sure that whatever age you need this, it will be there. Those are some of the priority programs where we've spent a considerable amount of money in recent years.

Part of the problem is in increasing the number of physicians in the province. As you know, we've had a long-standing problem, not only in Ontario, but again last week it was an issue on the table for the health ministers in Winnipeg.

We are seeing a shortage of not only physicians, but nurses across Canada. Again, we tend to rob from one another and this, unfortunately, has quite a negative impact. We want to make sure we have more health professionals available in the province. When it comes to physicians, we have increased the number of medical spaces this year by 40. That was what the schools were able to accommodate. We did this because I decided not to wait for McKendry's report and the subsequent expert panel report which came out of the McKendry report. So when I asked the schools, "What could you accommodate on very short notice?" they indicated to us they could accommodate 40.

But we hope that when Dr Peter George releases his expert panel report, he will indicate how many additional spaces are required in our medical schools. There has also been interest expressed by northern Ontario and Windsor about taking a look at expanding some medical school space into those areas. Again, we recognize we need more physicians, so we will move forward in accordance with the recommendations.

We're also looking at more opportunities to bring foreign-trained doctors into the system. I think we have quite a number and, again, we look forward to the recommendations of the expert panel. At the same time, of course, with nursing we're working with the RNAO, the Registered Nurses Association of Ontario. They've been given, I believe, $50,000 in order to recruit and retain nurses in the province. If we need to expand the educational opportunities, we certainly are quite prepared to do so. We absolutely want to ensure that we have the adequate number of health professionals required to meet the demands of our population.

I just want to speak about our population, because really what's happening is to a very large degree being motivated by the fact, not only that our population is growing, but our population is aging. At the present time, we're spending $22 billion on health. As you know, that's considerably more than we had anticipated we would be spending at this time, but the needs are there and we are responding to those needs.

However, 12.6% of our population is using $11 billion. Those people, the 12.6%, are those over the age of 65. When we talk about the fact that we're going to see an increase in the number of people over the age of 65 in the next few years, particularly in the next 10 to 11 years when the baby boomers reach that age, we know the need for health services will continue to increase and we need to be prepared. That's why we're doing the short-term, long-term and medium-term planning to respond to those needs.

We are moving forward and, as I say, we've done a considerable amount of work. We do see our health costs rising continually, and I don't see any change in that. We have new medical technology and new medical equipment. It's very, very expensive. There are very high public expectations simply because people have so much access to the Internet and other forms of communication, so that when there is the technology or a piece of equipment made available in another part of the world, people demand that we provide that type of service here as well. All of this is very expensive. It's expensive to buy the new equipment and the technology. It's also expensive to operate the new equipment.

At the same time, we have a lot of new drugs that are appearing on the market, drugs that really can make a difference in the quality of life for people in this province. But unfortunately again, the new drugs are very expensive. Our drug costs are tracking about 14% to 15% each year over the year before. That is having a tremendous impact on some of our health costs, and of course utilization is increasing. We need to be aware of that. Not only is this province prepared to provide additional money for health care, but we're going to require, over the next five years, an additional $36 billion from Ottawa just to keep pace as well.

We move forward with a plan, recognizing what the needs are of our population, and with a vision. Our vision is one of a system that would be accessible and integrated and would provide quality service for all Ontarians, no matter where you live and at every stage of life.

The fact that we're expanding the dialysis, the cancer and cardiac, the fact that we have a Healthy Babies, Healthy Children program and that we're building 20,000 long-term-care beds all speak to that vision of what it is we are attempting to do.

But certainly one of the first steps we had to take was to secure our health budget here in the province. So we had to make sure the federal government returned to us the transfer payments that had been taken away and withheld for five years. I'm pleased the federal government has taken a good first step. I can assure you, however, that we will continue to urge the federal government to move to contribute at least 18% of the country's total health bill. We believe that's a very modest request. This is long overdue money, but any money we receive from the federal government will help us accelerate the pace of health system reform with such priorities as hospitals, home care, primary care, long-term-care beds, prevention initiatives and the drug benefit plan.

I want to focus for one minute on prevention initiatives. During the past three years, we have been trying to shift the focus at the Ministry of Health and Long-Term Care away from illness to prevention: injury and illness prevention and health promotion. Initiatives such as the Healthy Babies initiative, the stroke strategy, heart health and the tobacco strategy all speak to the need to better educate the public and encourage individuals to take greater responsibility and accountability for their own good health. We will continue to focus on prevention, because we believe this is going to improve health outcomes for all Ontarians and it's going to improve their own personal quality of life. People are living longer today, and they're going to be living about four years longer in the future. Obviously we want to make sure that as people get older their health is as good as it possibly can be.

Again, just a reminder: although we're spending $22 billion this year on health, more than any other government in the history of this province, we believe that by the year 2003-04 that figure could easily reach $24.2 billion. But I'd like to review with you now what the $22 billion does provide.

It provides for 161 hospital corporations on 210 sites. It provides for health care providers such as 20,000 physicians, 80,000 nurses and 23 regulated health professionals. It provides for mental health services, which include nine psychiatric hospitals, five specialty psychiatric hospitals, community health programs and homes for special care. Of course you're well aware of our movement away from institutions and into community care. But we have assured the public that there will be no closure of hospitals until we have those community supports in place.

Drugs: We have more than 3,000 prescription drugs listed on the Ontario drug benefit formulary. We've actually added about 1,890 drugs since 1995.

In the way of community services, we have our 43 community care access centres. We have 1,100 assistive device vendors. We have 1,200 long-term-care agencies, 55 community health centres, 385 clinical laboratories, 1,011 independent health facilities and 160 agencies for drug and alcohol treatment services.

That gives you somewhat of a snapshot of what is available to meet the needs of our population. But I would just hearken back to the fact that demand for services will continue to increase, and we're going to continue to ensure we can respond to that demand.

I've talked about the increased need for cancer services and the increasing incidence of diabetes.

I also want to speak to another health cost that is skyrocketing. Again, you don't have to be old, but we're seeing that 15% to 20% of Ontarians today have arthritis. In fact, that is the province's leading chronic disease and cause pain and disability. So that is a pressure we need to recognize.

We move forward to address the dynamics of demand, the issues of accessibility, accountability and affordability. As a result we're taking a look at the health system, thinking about how we can organize health services differently, how we can deliver them and how we can pay for them. We move forward to ensure that health providers are held accountable for the resources they use and the outcomes they achieve because, as most of you know, more than 90% of our resources go to our health providers. We simply provide funding for them to provide the services.

We want to ensure that people have an opportunity to take advantage of the new technology and treatment, but we want to make sure that as people do access this new treatment and technology, there is informed decision-making. So we need to promote the effective and efficient use of information technology across the system. We are also quite determined to ensure that we work in partnership with our doctors, nurses and other health professionals, our community services, long-term-care facilities and our many volunteers. I think it's important that we do that.

We're moving forward to modernize the system, and I've spoken to you about how we are attempting to do that. As we talk about modernizing the system, we might want to stop and recognize that, as a result of the advances that have been made in new drugs and technology, Ontarians today are spending much less time in the hospital than they did in the past. But that means we have to have the home care and community-based services available.

I'd like to share with you the fact that today 70% of all surgery happens on an outpatient basis. That is quite a shift from what happened in the past. So not only do we have to have the community services available, but we need to make sure we've got the long-term-care services available. As you know, we did make a $1.2-billion commitment to build 20,000 long-term-care beds. Originally we said we'd build those in eight years. Since then we have accelerated the process, and I can assure you those beds will be up and operating by the year 2004. We have already made available 14,500 of those beds, and the last 5,500 will be made available through an RFP later this fall. So we're going to see a lot of openings of new long-term-care facilities next year, the year thereafter and until the year 2004.

We also have new design standards for people living in long-term-care facilities. You're no longer going to see wards with more than two people in them, people having to go down the hall to the washroom, people having to be taken by elevator to the ground floor or elsewhere. The new long-term-care facilities are designed to enhance quality of life for people as they get older. They are units of 32. People are either in a private room or a room for two, with their own washroom, their dining room and their living area. They all have access to the outdoors as well. We really hope that as a result of these new design standards, the quality of life for older people will be enhanced. We also hope it will encourage their families to continue to stay in touch with them in order that they have that support which is needed. There's tremendous progress being made in that area.

I'm just moving forward here, because I see that I've spoken to a lot of what is in my notes.

Maybe I'll mention as well another exciting initiative that has been set up, and that is the telephone health advisory service in northern Ontario. It allows people to call an experienced triage nurse to provide them with health information, advice and referral. We are expanding that service to the greater Toronto area early next year, and eventually to all communities across the province. It will improve access to primary care services as well. I think that is quite significant.

We won't have time to go into all the prevention initiatives, but I've certainly spoken to those.

I would conclude that we've made some exciting strides in mental health. We introduced Brian's Law. Actually, the government was recognized at the International Academy of Law and Mental Health, and we were presented with the Phillipe Pinel award for our work on the implementation of Brian's Law this past summer. We're moving forward to enact that legislation.

As a government, we want to remain steadfast in our commitment to the health of Ontarians. When we took office in 1995, we brought with us a significant list of aspirations, and at the present time I'm pleased to say we are turning many of those aspirations into achievements. But it wouldn't have been possible without the help of people in this province. We look forward to continuing to establish policies and programs that will extend the frontiers of health and the well-being of the people we serve.