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| Ontario | 37e | 2e | Discours sur la santé | 25 septembre 2001 | Bart Maves | Parliamentary Assistant to the Minister of Health | Progressive Conservative Party of Ontario |

I am very pleased to appear before you to review the estimates for the Ministry of Health and Long-Term Care for 2001-02. I appreciate this opportunity to discuss our government's and this ministry's achievements with respect to Ontario's health system. I'm pleased to outline our strategies for continuing to create a better system.

Minister Clement, as all of you I am sure are aware, is at the health ministers' conference in Newfoundland. I understand that we have moved tomorrow's session into the future in order to accommodate his attendance.

As you know, Ontario's current health care system was first established in the 1970s, but health care, like everything else, has changed a lot since then. There have been huge advances in technology, medical diagnosis and treatments, and the medical needs of people have changed too. People are living longer and healthier than ever before. In fact, the greatest challenges facing our health system in the 21st century are population growth and aging.

In the face of these changes, people in Ontario have to know that the system will be there for them and for their families when and where they need it. They have to be assured that they'll have timely access to existing health and long-term-care services and to new treatments and services in the future.

I am pleased today to update you on our progress with fundamental reforms and new initiatives that are helping us to achieve our goal.

In 2001-02, Ontario's spending on health programs and services will increase for the sixth consecutive year, to $23.5 billion on a PSAB basis, or $24.4 billion on a cash basis, as you can see in the printed estimates before you. That's $1.2 billion more in PSAB funding, or $1.3 billion more in cash than in 2000-01. That means the government will meet its 1999 Blueprint commitment to increase health care spending by 20%, two years ahead of schedule.

But I must emphasize that increasing spending at this rate is not sustainable, given that our population is growing, health services are being used more, and more sophisticated technologies and drugs are driving up costs. Responsible choices and tough decisions are needed, not only to sustain, but to save our health care system.

That's why the ministry supported the Premier in his role to negotiate restoration of the Canada health and social transfer from the federal government. Although the partial restoration is a good first step, the federal government is still providing less to health care in Ontario than it did in 1995. The federal contribution is less than 14 cents on the dollar for health.

That's why we believe that a national dialogue on health care is long overdue. However, the results of the federal Commission on the Future of Health Care in Canada, the Romanow commission, are not due until November 2002. This is far too long to wait. We want to deal with saving our health system much sooner, and we want the public in Ontario to take an active role in considering fundamental changes to the health system.

That's why, in early August, we mailed a questionnaire to every Ontario household to begin this public dialogue. We began asking patients, doctors, nurses, administrators -- everyone who is concerned about health care -- to identify needed reforms and the best way to use the billions of dollars spent annually on health.

We're continuing to call upon the federal government to provide adequate, sustainable, long-term health care funding. At this year's conference in Victoria, British Columbia, the nation's Premiers unanimously called on the federal government to restore its funding of health care to at least 18%, the federal share prior to the 1996 cuts. We simply want the federal government to provide its fair share.

We know that health care spending has increased at a dramatic pace: 27% in five years; 19% in the past two years alone. We know that health care resources are not endless and that such double-digit increases in health spending are no longer sustainable. At the current rate of increase, within five years, health spending would consume 60% of Ontario's operating budget, up from 45% today and 38% in 1995.

Spending pressures of such magnitude raise serious questions about the long-term sustainability of Ontario's health system; questions about the very real possibility that demand might outstrip resources. These pressures challenge us to think differently about how we organize health care; about how we deliver vital services; and to which services we allocate health dollars. Most importantly, they challenge us to entrench accountability for those health dollars in every facet of our health system.

That brings me to the focal point of our government's vision for the future of health care in this province. Our government believes that a strong commitment to providing the best possible care, the best possible customer service, goes hand in hand with accountability. To improve health care and services, we must first understand how those services are performing. Accountability brings with it the obligation to answer for results and the way in which responsibilities are discharged, and accountability rests on the shoulders of all of us. That includes all of us in government, it includes all health system providers and it includes all who use the health system.

We have a number of measures in place to ensure that our health care system is delivering the highest level of care to Ontario residents, including mechanisms such as operating plans, service agreements and compliance reviews. As a government, our challenge is to ensure accountability to Ontario's taxpayers by showing exactly how and how well their tax dollars are being spent.

We may not directly manage the health system, but the public holds us accountable for ensuring the provision of health services. Some 96% of our health budget transfers to service providers, ranging from publicly funded hospitals to 20,000 doctors and drug costs for two million people in Ontario. Our transfer partners must be accountable for the cost of their services and their part in the health system. I am pleased to report that the establishment of a patients' charter and the publishing of hospital report cards are two decisive steps in this direction.

With this year's Hospital Report 2001, we deepened our commitment to performance reporting for both the public and the providers of health care. Released in July, the report card reflects our commitment to conduct and publish measurements of how efficiently Ontario's hospitals are operating, how they compare with one another, where they have achieved successes, and where there is room for improvement.

Hospitals are already accountable to their boards and their patients, but with report cards they subject their performance to the toughest judges of all: Ontario's taxpayers. Hospital report cards are ensuring that health care administrators do not set their own standards in isolation. The report cards create an opportunity for comparison with others and for sharing best practices.

Just as providers must be accountable to the public, the public must become accountable for its own use of health services. Among individuals, personal accountability means taking responsibility for one's own health and health care. Within the broader community, accountability calls for public recognition of the stresses and strains on our health system and it calls for the public to take an active role in considering fundamental changes to our health system.

I think there is an awareness among everyone in Ontario that Canada's health system is under stress and that our government, like those of other provinces, is working hard to improve and enhance all facets of the health care system. In spite of the need for federal funding, our strategies for 2001-02 continue to support Ontario's health objectives of keeping people healthy, providing early diagnosis and treatment, ensuring timely access to health care and treatment, and providing health services closer to home. Central to these objectives is a hospital system that maintains the very highest quality of patient care.

In the past three years we've increased funding by over 25%. Hospitals will receive $8.6 billion base funding in 2001-02. This amount supports the most extensive modernization of hospitals ever undertaken in Canada and includes increases in global budgets for every public hospital in the province, a separate allocation to implement a new funding formula, coupled with new funding for priority programs such as cardiac care and dialysis.

Our overall goal is to ensure that the health care system is integrated, provides care as close to home as possible and remains accessible to all Ontario residents. To better coordinate programs and services across this vast province and among our many health care providers, we will continue to develop integrated networks that provide access to a range of services that put the patient first, while using resources more effectively and efficiently.

Our commitments include ensuring that rural and northern hospitals develop networks to improve patient services, and that regional emergency services networks across the province, made up of hospitals, long-term-care facilities, ambulance services and community care access centres, meet to address emergency room issues.

We will take a look at how health care providers, including community agencies, can improve their efficiency and effectiveness. We will continue our zero tolerance policy for fraud by working with the OPP and our partners in the health care system to help identify ways to prevent and deter fraud We are committed to implementing the legislative reforms necessary to tackle fraud more strongly and to ensure offenders are held accountable.

Detecting an illness early, whether it's heart disease, cancer or diabetes, means better, more timely treatment. That's why the ministry has supported the expansion of the Ontario breast screening program so all women aged 50 and over can have better access to breast screening. As of June 2001, there are 77 Ontario breast screening program sites across the province; 56 of those sites have opened since 1996.

Prior to 1995, there were 12 publicly funded magnetic resonance imaging machines across the province, which can reduce the need for expensive exploratory surgery. By the spring of 2002 ,there will be 43 machines in Ontario. These high-tech machines can detect brain and spinal diseases, several forms of cancer, musculoskeletal disorders and many heart conditions. We are continuing to improve access to health services throughout Ontario.

Fundamental to our vision of the future of our health system is primary care expansion: the development of an accessible, integrated, dependable system, where physicians and other practitioners work in teams to provide comprehensive care to patients 24 hours a day, seven days a week. I'm proud to note that our primary care expansion initiative has made significant advances. More than 175 physicians and more than 245,000 patients have joined Ontario family health networks across the province.

During 2000, the ministry and the Ontario Medical Association agreed to expand these networks. Primary care networks were renamed Ontario family health networks in early 2001, and we made the announcement that Dr Ruth Wilson would be the chair of the Ontario Family Health Network Agency.

Our goal is to have 80% of eligible family doctors practising in more than 600 family health networks by the end of 2004. To achieve this, the 2000 Ontario budget provided $100 million in incentive funding for doctors and $150 million for information technology to support these networks.

Information technology that allows information sharing among health care professionals while protecting the privacy of sensitive data is key to making the Ontario family health network expansion work. As well, 2001-02 will see us enhancing the use of information technology to improve health services.

Smart Systems for Health will create a "digital nervous system" to connect health care providers to one another. Through a secure information network, health care providers will be able to quickly access health information needed for patient care. For example, the Ontario Laboratory Information System will give doctors timely access to their patients' lab test results.

In 2000-01 we continued to develop the Ontario Laboratory Information System. Laboratory reform planning involving doctors, hospitals and community labs began in three regions of the province. Reform of hospital and community labs will reduce duplication of services and increase accountability, quality and access.

The sustainability of our health system greatly depends on patients being able to receive care in their communities rather than in hospitals. One of the most important aspects of Ontario's health system reform is the dramatic shift from institution-based care to community-based health services.

Medical advances in technology and drugs mean that people are spending much less time in hospital yet requiring more care either in their homes or in community-based facilities. For instance, some 70% of surgery now happens on an outpatient basis.

Our government is continuing to develop long-term-care beds to ensure that there is care for the elderly and to ensure improved quality of life in nursing homes and homes for the aged.

To continue to meet the needs of a growing and aging population and to ensure that new long-term-care beds are built on time and in service areas where they are most needed, we established the long-term-care redevelopment project early last year.

This project has helped to cut red tape and reduce delays for operators assembling land and obtaining zoning approvals. We also streamlined processes and made it easier to create successful partnerships and joint ventures for developing and constructing long-term-care beds. With over 2,600 beds built already, we should have more than 6,000 ready by the spring of 2002, and we remain committed to building 20,000 new beds by 2004 and redeveloping 16,000 old beds by 2006.

To support Ontarians already in long-term-care beds, we've increased our funding from a per diem of $80 in 1995 to over $102 this year. This represents a 28% increase over the last six years. As well, long-term-care facilities will receive $25.3 million this year to replace outdated equipment. Health care providers in long-term-care facilities will be able to use better and more efficient treatment equipment to increase access to diagnostic and treatment services.

As well, our government spends $1.6 billion annually to provide in-home health care and support services to let people recuperate at home, live independently and stay at home longer instead of being admitted to hospitals or long-term-care facilities. We also expanded school health supports, personal support services and medical equipment to children outside the provincial public school system.

To help meet the needs of patients across the province, our government is working aggressively to address the issue of physician supply and distribution. We provided $1 million to increase the future supply of doctors by expanding medical school enrolment by 40 positions in the fall of 2000. This was in response to the interim report of the ministry-appointed expert panel on health professional human resources. I'm pleased to report that these positions were filled at the start of the 2000 academic year. Also in response to the expert panel on health professional human resources, we are committed to a northern medical school, with a main site at Laurentian University in Sudbury and a clinical education campus at Lakehead University in Thunder Bay.

Medical school enrolment will be expanded by up to 120 positions over the next two years across the province, and post-graduate training positions will increase by up to 25 in northern and rural communities, beginning in 2002.

We are also expanding the existing international medical graduate program and introducing a new program that will bring as many as 40 new doctors each year to underserviced communities that sponsor them. These two programs combined will mean that as many as 90 foreign-trained doctors will be assessed and trained to practise in Ontario each year, up from the current number of 36.

We recently committed $4 million to provide free tuition and location incentives to new doctors willing to practise in underserviced areas. As well, we committed $11 million annually to expand medical training programs targeted to underserviced areas and specialties and to provide training opportunities to enable more foreign-trained doctors to practise medicine in Ontario.

Most recently, on July 11, we stepped up our commitment to keeping physicians in the north by announcing a three-year, $20-million northern physicians retention initiative. This incentive will help ensure that doctors not only come to northern communities but build roots in those communities.

In its 1999 report, the nursing task force recommended that the government invest $375 million in annual funding for nursing positions by 2000. We've exceeded that target over the last two years in order to create new nursing positions across all sectors, invest in continuing education for nurses, reform basic nursing education, support nursing scientists to conduct research to guide nursing human resources planning, and to create 106 nurse practitioner positions.

We're seeing our concerted efforts to bring more nurses into the workforce come to fruition. According to the most recent report of the joint provincial nursing committee, there are more nurses working in Ontario today than there have been at any point in the past decade. The report confirms that new funding for nursing has created the equivalent of 12,833 new nursing positions in Ontario.

We're also seeing a significant increase in applications to nursing programs this year. Almost all colleges and universities expect to exceed their expanded enrolment targets this fall. That's great news for the future of nursing in Ontario.

We are continuing to expand and strengthen community services in all aspects of health care, including mental health. The 2001 Ontario budget invests an additional $26.4 million over three years to improve facilities for community mental health organizations. It provides $20 million annually to support children's treatment centres and commits $15 million a year government-wide to break the cycle of youth prostitution.

One responsibility of a modern health system is to show people how they can lead healthy lives and stay healthy. With this in mind, our government will continue to focus on public health promotion. We know that most illnesses and premature deaths are preventable. For example, in Ontario it's estimated that more than 25% of all deaths attributable to cancer are due to tobacco use, poor nutrition, physical inactivity or alcohol consumption. And there are few who are unaware of the impact of smoking, the leading preventable cause of premature death, disease and disability. That's why, in 2000-01, the ministry increased its illness prevention programs. Health promotion and disease prevention programs pay off by creating a healthier population, reducing human and financial stresses on the system and strengthening the system's sustainability.

We have renewed our efforts to promote healthier lifestyles with the Ontario tobacco strategy, which focuses on public education, smoking cessation and preventing smoking among young people. Funding for anti-tobacco initiatives increased from $9 million to $19 million last year. This included $1 million to help the Canadian Cancer Society establish the Smokers' Helpline, a province-wide, toll-free telephone service to help people quit smoking. We are renewing that additional $10 million in tobacco strategy funding for 2001-02.

A $17-million, five-year heart health program raised public awareness about the benefits of physical activity and healthy eating to reduce heart disease. This funding supported the work of more than 700 community groups and 37 agencies in spreading information about heart health throughout the province.

Ontario's diabetes strategy focuses on promoting self-care and preventing complications for the more than 600,000 people diagnosed with diabetes in the province, and we invested an additional $7 million to expand diabetes education programs across Ontario. Currently, 120 programs are in operation.

Each year, 15,000 people in Ontario suffer from strokes, which are the leading cause of adult neurological disability. But new life-saving treatments offer opportunities to reduce death and damage from strokes. I am pleased to report that we are implementing one of the most comprehensive strategies in North America to prevent strokes and rehabilitate stroke victims. The ministry has committed $30 million annually to implement a province-wide system of organized stroke centres across the continuum of care. In addition, our government is investing in improved rehabilitation for stroke survivors and better prevention programs throughout Ontario.

We increased funding for our Healthy Babies, Healthy Children program from $20 million in 1998-99 to $67 million in 2000-01. This program is part of our long-term commitment to an integrated system of effective services that improves the well-being of children in Ontario. The program screens newborns in hospitals and contacts the family by phone 48 hours after hospital discharge. It provides assessments by public health nurses, links families with services and offers home visits. We also developed plans for a universal hearing screening program for children.

Let me give you just a few more highlights. Our government has invested $4 million in asthma research, education and prevention, and in helping patients manage the disease. We also helped implement arthritis management pilot projects at five community health centres last year. Sixty AIDS service organizations received a total increase of $1 million, allowing them to strengthen their support to people living with HIV and their families and friends, and to enhance HIV prevention education for communities at risk of HIV infection.

What I've given you today is a brief overview of what we've accomplished so far and what we are continuing to do as we reform Ontario's health system. I'm proud of the steps we've taken since we took office in 1995, and I'm proud too that our government has made the tough decisions needed along the way.

In closing, I want to emphasize that we stand firm in our commitment to rebuild Ontario's health system and that we will continue to establish the policies and programs needed to ensure health and long-term-care services that are accessible, sustainable and affordable for us, for our children and for the generations of the future.

Let me just say that part of my speech dealt with the tobacco strategy. I know that the minister, who will be before the estimates committee on future days, has been very active in this and he's looked at some of the tobacco strategies in other jurisdictions, not only in Canada but in the United States. I know that's an area of keen interest for the minister which he will probably be anxious to expand upon when he meets in the coming days with the estimates committee.