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| Ontario | 38e | 2e | Discours sur la santé | 13 juin 2006 | George Smitherman | Minister of Health | Ontario Liberal Party |

Thanks. I want to make just one note off the top. Although the deputy has spent quite a number of years in service in the government of Ontario, he doesn't feel so far like this stint is long-standing, I hope, having done a pretty exemplary bit of work in Hamilton for a number of years. To us, he still seems like the new guy, refreshed and invigorated and bringing lots of good leadership.

Mr. Chair, committee members from all parties, members of the public, it's a privilege for me to once again have this opportunity to appear before the standing committee on estimates. The estimates defence process is a vitally important part of the what we do. All of us serve in the Ontario Legislature with the confident support of the people of Ontario -- the people who elected us in our ridings across this province.

There are times when it may appear to some of these people that the work we do consists primarily of hurling rhetorical questions and answers at one another during question period. I think that it would be helpful if more people could have the opportunity to witness the work that's done in committee rooms such as this one. The work being done here is fundamental to effective government. It is amongst the most important things we do as legislators. So I am pleased, truly, to be able to be here to participate in this process.

I also commend and thank all members who serve on the standing committee on estimates and who have put so much time, energy and skill into this process. And I make a commitment that I will provide you with a thorough account of the work being done in my ministry and that I will seek to answer your questions fully and frankly; in fact, I'm looking forward to it.

One of the reasons I'm looking forward to it is that I'm very proud of what we've achieved over the past two and a half years. I'm proud of what our government has achieved and I'm very proud of the progress that I've been a part of in the Ministry of Health and Long-Term Care. I'd like to use my remarks today to review some of what we've done in the health portfolio and I'd like to look ahead and tell you how our work will continue. I think it's a pretty compelling story.

I think it will also be apparent that our work is part of a coherent plan in pursuit of a clear vision. Sometimes that day-to-day work we do gets lost in the clutter of various announcements and initiatives. It's often difficult to see the coherence of the changes being made. But when one steps back and looks at the reforms we've made in the area of health care, it's evident that there is a very clear set of goals and principles driving our work. In fact, I would argue that it is very difficult, if not impossible, to undertake far-reaching reforms without a clear vision to guide you. Without a clear vision, changes can be disruptive, even counterproductive. In order to make real progress on the big issues, a clear vision, a clear set of goals at the outset is imperative.

So let me take a moment to tell you about our government's health care goals and vision. Our vision is of a health care system that keeps Ontarians healthy, provides them with quality care when they're sick and is sustainable -- a system that will be there for our children and our grandchildren. These goals may sound obvious, perhaps even simplistic, but the truth is that we haven't always made decisions with these principles in mind. Keeping people healthy, for example, has often been overlooked. We've often tended to think of health care as something reactive, as something we do after someone has become sick or suffered an accident. To shift part of our focus to keeping people healthy, being proactive rather than reactive, represents a profound shift.

One sign of our government's commitment to this goal is the fact that for one year now we've had a Ministry of Health Promotion, dedicated exclusively to keeping Ontarians healthy. Under the leadership of the Honourable Jim Watson, the Ministry of Health Promotion has already done remarkable work. Let me be clear: The goal of keeping Ontarians healthy is not a feel-good exercise; it's a vital part of building a health care system that is sustainable. Preventing illness in the first place reduces the pressure on every other part of our health care system. It allows our doctors, nurses and hospitals to work more effectively, and it allows us to allocate resources more effectively.

The second part of our vision is a health care system that provides Ontarians with good care when they need it. Good care when they need it: not mediocre care, not quality care when they can afford it, but good care when they are sick and need it. Again, that may sound obvious, but to actually make a commitment to this means making some tough and determined decisions. Our government has made a commitment to this goal, and we've been making those tough decisions.

Finally, the third part of our vision is a health care system that's sustainable. And the sad reality is that our health care system only a few short years ago was on a very fragile footing. Building a sustainable system means, again, making tough decisions -- tough but necessary. And again our government has been making these. On that issue I'm very pleased to be able to report that our progress has been substantial.

Just a few short years ago, the projected cost curve for health care spending was frightening. Annual increases in the range of 8% to 9% were barely tenable in the short term and utterly unsustainable in the medium and long term. We've gotten this cost curve more under control. Yes, health care spending continues to rise, but the decisions we've made, the reforms we've introduced and the discipline we've imposed have flattened this cost curve. For 2006-07, we've succeeded in bringing this cost curve down to a 5.7% increase. I know I don't need to explain to anyone on this committee how significant an achievement that is.

We certainly didn't achieve this on our own, so let once again express our thanks to the dedicated women and men on the front lines of health care: our doctors, nurses, hospital administrators and health care professionals throughout the province who have helped with this difficult but vitally important job.

Keeping Ontarians healthy, providing them with quality care when they're sick, and building a health care system that's sustainable, one that will be there for our children and grandchildren: These three goals anchor our vision of health care.

There's one element which is a central part of our vision. It's this: We believe in public health care, in medicare. There are a lot of people with a lot of different solutions to our health care challenges, but unlike some other provinces that have chosen to permit private health care to chip away at the public system, we are determined to protect and to enhance medicare.

But let me be very clear about one thing: Protecting medicare does not mean embracing the status quo or resisting change. I would argue the exact opposite: In order to protect medicare, change is essential; innovation is absolutely necessary; reform is crucial. And that's exactly what we've been doing: moving forward with an agenda of change, innovation and reform in order to preserve and strengthen medicare. So let me tell you in more specific terms what we've been doing and what we propose to do in the months to go.

I'll begin by addressing our changes to Ontario's drug system. During the past month or so, you've probably heard some discussion about this issue; in fact, many of you, of course, have been involved in it. Allow me to explain exactly what we're doing and why.

First off, our objective is very clear: We want good value for taxpayers' dollars. The way we get better value is multifaceted. We need to make our drug system more efficient, we need to make it more accountable and transparent, we need to get better pricing -- pricing that reflects the enormous volume of drugs that we purchase. We believe Ontarians deserve a drug system in which patients get better access to the drugs they need and taxpayers get better value for the money that we spend -- a system that is fair to retailers, to pharmacists, to doctors and to manufacturers.

With these goals and values guiding us, we developed a comprehensive set of reforms based on recommendations from the Drug System Secretariat that we appointed in 2005 to review the system. The secretariat held more than 100 meetings with more than 350 stakeholders. What the Drug System Secretariat found was that there were huge opportunities to improve patient access to drugs and for Ontario to receive better value for the money we spend on the provision of prescription drugs.

As you know, we've introduced Bill 102 to improve the province's drug system for the benefit of Ontario's patients and to use all gains to enhance their access to drugs and the help they get to use them. The public hearings on this bill were very constructive, and Bill 102 is currently before the Legislature, to be called soon for third reading.

Under the heading of "Keeping People Healthy," I mentioned that we've made some remarkable strides. One of the initiatives I'm most proud of is the steps we've taken to combat the deadly effects of tobacco. Together with the Ministry of Health Promotion, we launched the toughest and most comprehensive anti-tobacco strategy in North America. As you probably know, just a few short days ago, on May 31, the Smoke-Free Ontario Act took effect.

As a result of this bill coming into force, smoking is now banned in all workplaces and enclosed public spaces, including restaurants, bars, schools, private clubs, casinos, sports arenas, entertainment venues, enclosed smoking rooms, work vehicles and offices. The Smoke-Free Ontario Act also toughens the laws on tobacco sales to minors. And two years from now, on May 31, 2008, it will outlaw the display of tobacco products in stores, finally eliminating the so-called "power walls" used by the tobacco industry to aggressively advertise their products to everyone who steps into a corner store or a gas station. And I want to acknowledge the good work of my colleague from Ottawa on this very particular issue. I'm very proud of this law. My only regret is that Heather Crowe, who helped so much in moving this issue forward, wasn't alive to see this law come into force.

Keeping people healthy also means making appropriate targeted investments. That's why we're working hard on Operation Health Protection, an action plan to revitalize Ontario's public health system. And our investments in public health tell a very clear story.

In 2006-07, we will be investing an additional $110 million in funding for public health mandatory and related programs. This amount includes $60 million from the Ministry of Health and Long-Term Care and a further $50 million from the Ministry of Health Promotion, and we're well on track to fulfilling our commitment of covering 75% of public health funding by 2007, uploading these costs from the municipal taxpayer base. These are significant investments, and they will yield important results for the people of Ontario.

Keeping people healthy also means providing enhanced access to health professionals: doctors, nurses and other health care workers at the local level. And that's happening through such initiatives as our interdisciplinary family health teams.

Family health teams embody true collaborative care that not only benefits patients, but also helps relieve the pressure on hospitals in terms of patients staying healthy, receiving care close to home, and focusing on individual and population health needs. I truly believe that family health teams represent the future of health care here in this province and elsewhere. Because of the support family health teams receive from the other professionals on the team, doctors working in a family health team model can extend care to more patients per doctor than those doctors who work alone. They can also provide a broader range of care and programs, like diabetes, mental health and heart disease.

Earlier this year, I was very pleased to announce our third wave of family health teams, bringing the province-wide total to 150, as we've committed. These are coming to life in 112 communities. To date, 41 family health teams are now fully operational, and another 65 business plans have now been submitted. This is very encouraging. These are community- and provider-driven plans that are not "one size fits all."

Some naysayers have complained that family health teams exist only on paper and that they're not operational. I must say that that would come as a surprise to the 67,000 patients in family health teams who have been readopted. These are patients who, prior to the evolution of family health teams, were not connected in any form of our primary health care initiatives in Ontario. That number is going to grow.

We're also investing in primary care physicians, bringing their salaries closer to those of specialists, but the important point to remember is this: The investments -- the very substantial investments -- we're making in primary care are the foundation for the results, the successes, we're seeing elsewhere, like reductions in the number of orphan patients and less pressure on the acute care sector.

As I said at the outset, we have a coherent and cohesive plan, and all of our changes are stepping stones to the goals we've identified. This is one more example of that. Another part of the equation is creating more doctors and nurses. We've been very active on this front as well, and once again, while more doctors and nurses is a very good thing, it's also a very big step towards achieving our goals of fewer orphan patients, for example.

Recently, we launched our HealthForceOntario health human resources strategy, one of the most important health initiatives ever undertaken by our government. For the first time, Ontario is now developing a coordinated, competitive and innovative approach to planning for health human resources in the province, and as we progress with this plan we'll address the serious shortage of health care providers over a period of the next five to 10 years.

We will, of course, train as many health care providers as we can here in Ontario, but we know that our training capacity still won't turn out the right numbers of people we need to give Ontarians the right mix and the number of providers when and where they're needed. The HealthForceOntario strategy is centred on retaining the health human resources we have, on convincing those who have left the province to return and on attracting new health care workers.

We're encouraging doctors, nurses and allied health care professionals across North America to choose Ontario as the best place to pursue their careers. We're also increasing undergraduate medical school enrolment by 23%. That equals 160 spaces by 2008-09, fulfilling a much greater number than the commitment that we made in the election of 2003.

In 2008, there will be 852 first-year medical school spaces available in Ontario. We're also investing $43 million between 2004 and 2008 to increase the proportion of residency positions allocated to family medicine. The good news is that doctors in Ontario want to be family doctors again. This initiative will see 141 new family medicine training positions established by this July and will create 337 additional family doctors by 2008. Both Canadian medical graduates and international medical graduates will fill these new seats.

Let me say a little bit more about foreign-trained doctors, because they represent a vital part of the solution to physician shortages in underserviced parts of the province. Since the fall of 2003, when we came to office, the international medical graduate program has led to an additional 86 doctors currently practising in Ontario's underserviced communities. Another 287 are currently in training programs, and the first of these graduates will begin practising in underserviced communities this year. This fall, I'm very pleased to tell you, we have accepted another 217 candidates through our IMG program, surpassing our annual target of 200.

Patients throughout Ontario have a right to timely medical care when they need it, and these foreign-trained professionals help ensure that that care is available. That's why we've invested $39.5 million in training for our foreign-trained doctors, making Ontario the leader in Canada by far when it comes to providing support for the assessment and training of international medical graduates. Again, it's results that matter and results that speak loudest.

Today, more patients have access to the medical care they're entitled to. Today, more than 90% of Ontarians report having a regular family physician, and 90% of Ontarians are satisfied with their access to primary health care. It's also very encouraging to see that the number of orphaned patients is declining. I'm confident that we will be in a position to provide more details on the progress we're making with respect to orphaned patients very soon.

Let me speak briefly about nurses as well, because they too are a vital part of our health care equation. I'm delighted to report, and will hand out paperwork shortly, an update on the numbers on our progress towards creating 8,000 new nurses. We have, to date, created 4,299 new nursing jobs in Ontario. I know that the estimates process generates a lot of numbers, but this is an important one: 4,299 new nurses working in communities, hospitals, long-term-care homes and public health units throughout the province; 4,299 new nurses helping to provide care as only nurses can.

This is a huge achievement and one that we're very proud of. It represents a very significant increase from the 3,052 nurses that we had identified at estimates last year. Our projections indicate that we are on track for 2,513 more nurses this year and next. Ontario's a good place to practise nursing, and that's good news for Ontario patients.

A vital part of delivering quality care to people when they need it is making better use of facilities like community health centres. Community health centres provide front-line health care to people who face barriers like language, culture, physical disabilities, homelessness or poverty. Ontarians who use community health centres have access to doctors, nurses, nurse practitioners, social workers and other health care professionals working as a team. Of course, we've dramatically expanded the number of community health centres in the province of Ontario.

Personal support workers will benefit from an increase in the minimum base wage from $9.65 an hour to $12.50 an hour, and will receive access to benefits and compensation for travel time and mileage.

The home care workforce as a whole will have greater workplace stability through measures like extending CCAC contracts with home care agencies for up to nine years.

For countless people a crucial measure of our health care system is wait times. As you know, we're working hard to improve timely and appropriate access and to reduce wait times for five major health care services, including MRI and CT scans, hip and knee joint replacement, cancer surgery, selected cardiac services and procedures, and cataract surgery. We've seen some remarkable success. The simple truth is that wait times are down. We measure average wait times, median wait times and what we call "90% completed within" wait times. That's the figure for how long it takes for 90% of people to receive the procedure that they need. This 90th-percentile figure is a much more meaningful number than an average or median as it takes into account the real-life experience for 90% of our patients.

Let me quickly share with you some of these "90% completed within" numbers. Wait times are down: 41% for angiography -- that's 23 days; 26% for MRIs; 25% for angioplasty; 16% for cardiac bypass surgery; 14% for CT scans; 10% for knee replacement; 6.4% for cataract surgery; 4.3% for hip replacement; and 3.7% for cancer surgery.

These numbers are not celebratory on their own. It is when we consider that many of these were on the rise that we really learn the true effect. We have reversed the trend lines and we have reduced the wait time for patients all across Ontario.

What's important, of course, isn't the numbers or the percentages, but what these reductions mean for real people, for the patients we work on behalf of: a new lease on life for a cancer patient, new mobility for a senior suffering from hip problems, results from a CT scan to relieve a patient's anxiety or enhanced vision from a successful cataract surgery.

Let me give you one more number, a number that puts this achievement into a patient context. As a result of the improvements that we've had in wait times today, we've eliminated 3.3 million days of waiting for Ontario's patients -- 3.3 million days. That's what our strategy is all about: real results for Ontarians and their families.

Our data also demonstrates that there are some instances where wait times have not budged or may even be up a bit, and that too is part of the value of this exercise. It allows us, for the first time, to have this information, and it's available for all to see on our wait-times website, a site which has already had more than one million hits.

Identifying problems or bottlenecks allows us to take quick action to correct them, which is exactly what we're doing.

Smart Systems for Health's network also allows us to gather and share more accurate and useful data. We all know that information technology projects are complex and costly, but they are a crucial building block, and we remain 100% committed to Smart Systems for Health.

Another file on which we continue to be very active is long-term care. The increase in base budgets for long-term-care homes since we took office is $740 million. We've taken steps to ensure stability in the long-term-care workforce and to increase the per diem for food so they can now keep pace with the consumer price index and are consistent with the rate of inflation.

Today we have 3,140 new full-time equivalents employed in our long-term-care homes, 682 of whom are nurses. We've also made a very deliberate decision to treat long-term-care homes as homes, not facilities. This is more than just a change in language; it represents a fundamental shift in attitudes and it helps to drive the culture that we want.

Soon we will be introducing long-term-care legislation. While I'm not in a position to foreshadow all of the reforms contained in this legislation, I can tell you that we will improve and strengthen our province's vital long-term-care sector.

Building a more accountable, responsive health care system also requires some fundamental changes to the way the system is structured and administered. One of the goals behind a lot of our work has been to build a true system, a system to better manage the delivery of hospital and other health services.

Local health integration networks are a big part of the structural change necessary to achieve this. Local health integration networks will provide an integrated and patient-centred health care system, one that's responsive to local health care needs. Once they're fully operational, they will plan, coordinate and fund health services -- from hospitals and long-term care to home care and mental health services -- allowing greater community involvement in local health care decisions.

About a year ago we launched the LHINs as 14 corporations, complete with board chairs, board members and CEOs. Bylaws for each LHIN were enacted, performance agreements were established, MOUs between the ministry and the LHIN were signed, and comprehensive governance policies were developed and implemented across the LHINs.

Last August, LHINs started working with the communities they serve, and last fall, LHIN offices were set up and opened for business. Now, local health integration networks are developing integrated health service plans which are scheduled for completion by this year.

LHINs are working with the local community and health care providers to set priorities and to plan health services in their area. They'll then move to integrating and coordinating local health services and eventually to determining and providing funding and resources.

LHINs represent a change in the way health care services are delivered. They also represent a big change for the Ministry of Health, in which I serve. By shifting this kind of power to LHINs -- and I'm talking about more than $20 billion in real spending power -- the role and responsibility of the ministry is undergoing a fundamental change.

Once LHINs are fully up and running, the ministry will be able to refocus its efforts on what it should be doing, things like establishing overall strategic directions and provincial priorities for the health system; developing legislation, regulations, standards, policies and directives to support those strategic directions; monitoring and reporting on the performance of the health care system and the health of Ontarians; and planning for and establishing funding models and levels of funding for the health care system.

In essence, the Ministry of Health will be less involved in the day-to-day delivery of health care and more involved in establishing overall direction on policy, priorities and investments. We promised change, and that applies to us as well. And this certainly represents a change.

I hope that during the course of estimates you might ask questions of the deputy minister about the ambitious reform that he's brought forward to the structure of the Ministry of Health itself.

We seek, at the Ministry of Health, to rise up to a more strategic plane, to ask those closer to the action to be more involved in much of the day-to-day management, so that our focus can be appropriate on issues that are fundamental to the survival of our public health care system in Ontario, a health care system that does a more adequate job of projecting our needs with respect to health human resources, that does a better job of providing leadership around issues like information technology.

It's also important to view the introduction of LHINs from a business perspective. Anyone who's been active in the business world knows that you just can't appropriately run a $35-billion operation from head office. You can try, you can shovel the dough out the door, but you can't be certain it's going to get the best effect.

I must say it astonishes me when some members of our assembly, especially those with high-level corporate backgrounds, insist on digging in their heels and resisting this obvious and positive step. If it's good enough for shareholders, it should be good enough for taxpayers. After all, this is their health care system. They're the ones who pay for it. They deserve the best with respect to care and they deserve the opportunity to truly influence the health care system in the province of Ontario.

Of course, hospitals continue to be an essential part of our health care infrastructure, and I'm very pleased to report that things are good and getting better. The steps we've taken to enhance community-based care have taken some of the pressure off hospitals. We continue to provide them with stable long-term funding, and the ministry has a strong, positive working relationship with hospitals, a relationship anchored by the $600 million we're investing -- that's new money -- in hospitals this year. Our 90-10 cost share formula recently announced, whereby the province of Ontario will provide 90% of the cost of construction so that hospitals can focus their fundraising resources on the remaining 10% and on equipment, is a real commitment that provides stability and security. One hundred forty of Ontario's hospitals have entered into accountability agreements and are on their way to balancing their budgets, and we continue to work on a case-by-case basis with those 12 remaining hospitals.

I think patients throughout the province can celebrate the fact that Ontario's hospitals are today on a much stronger footing than at any point in recent memory, and I'm delighted to see that hospitals large and small have embraced our message of innovation.

Continuing with the good news, there have been remarkable strides forward with respect to mental health. The investments we've made are resulting in better care, and the results are there for all to see. I'll share just one statistic with you, but for me it's a very meaningful one. We knew, when we began our reforms with respect to providing more proactive mental health services for people in the community, that 37% of all of those engaged in the criminal justice system were people identified as having challenges with mental health. We know that a lot of people with mental health challenges were simply remanded, put in our jails, because they had no place to call home. The number of people with mental health problems currently on remand has been significantly reduced. In the Scarborough court, just as one example, in less than a year, remands are down by 36%. The criminal justice system isn't the place for people with mental health problems, and finally the provincial government is taking the necessary steps to get people the care that they need.

We're getting people with mental health problems into apartments through rent supplements, which in some cases are being very creatively leveraged. Our mental health reforms are also getting people out of hospital emergency rooms and into programs more suitable for them. It's remarkable when you think about it: In two and a half short years, we've introduced reforms that have focused on community-based care and significantly reduced the burden on hospitals. That's something we can all celebrate.

Our colleague from the great riding of Mississauga West is here, which includes Credit Valley Hospital, a hospital in a growing community that actually had a reduction in the number of people coming to the emergency room in search of care. Those are the things that we must celebrate in health care in Ontario.

Before I conclude, let me also say a little bit about another concept that is central to what we're doing, and that's accountability. We believe it's time for Ontarians to take ownership of their health care system. After all, as I said before, they're the ones who pay for it. We want them to become more involved in decisions about health care and to assume greater responsibility for their own health and well-being. Let's face it: This accountability hasn't always existed. That's largely because it simply wasn't possible for people to get accurate and timely information about health care. Innovations like our wait-times registry are a big part of correcting this, but accountability also means putting in place mechanisms to provide ongoing and independent proof that Ontarians are getting a system that delivers the best possible quality of care.

To that end, we're ensuring independent and public reporting of results in improvements in the delivery of health care, as well as establishing accountability in the system through innovations like the Ontario Health Quality Council. To put it simply, we believe that Ontarians deserve a clear accountability framework, including third-party verification within the health care system.

In conclusion, let me once again reiterate that the driving objective behind the reforms we've introduced is straightforward: to better serve the people of this province. That's the only criterion by which we can judge our success or failure, and that's the goal my colleagues and I in the Ministry of Health and Long-Term Care strive to meet. When one looks at what we've achieved, I think it's fair to say that we're making big strides towards that goal. In the months and years ahead, I am confident that we will continue to make progress.

I thank you for your attention and look forward to the considerations through the course of this committee's work. Thank you very much.