Making Healthy Change Happen:

Ontario’s Action Plan
For Health Care

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Thank you Ghislain for your kind introduction, and to the Toronto Board of Trade for hosting me today.

Our goal is to make Ontario the healthiest place in North America to grow up and grow old, by making sure families get the best health care where and when they need it.

And we’re going to achieve that goal.

Regardless of the challenges we face, we are going to make Ontario’s health care system better for patients today, so that it’s there for patients tomorrow.

There are two big challenges that we need to face head on.

The first challenge is fiscal: We have a budget deficit that demands that we deliver services more efficiently.

The fact is we have a 16 billion dollar budget shortfall.

And health care is 42% per cent of the budget.

The second challenge is demographic.

We have a growing and aging population – and that puts pressure on health care.

So we have a choice to make.

We can continue down the road of the status quo, and end up with a health care system that simply can’t meet patient needs.

Or we can choose the road of health care transformation, and have the courage to implement the changes we all know need to be made.

Our parents’ and grandparents’ generation had the courage and compassion to create our uniquely Canadian universal health care system.

And now, it’s our turn to protect and strengthen health care, so it’s there for our children and our grandchildren, just as it is here for us.

Since I became Ontario’s Minister of Health, I’ve listened very carefully to advice on how we can make health care better.

I’ve listened to front-line staff and administrators.

More importantly, I’ve listened to patients, their husbands and wives, their parents and their children.

I can tell you that there’s a strong consensus about what needs to be done.

And now it’s time to act.

So, today I’m here to talk about how we’re putting your advice into action with our plan to transform health care.
Our action plan builds on the progress we’ve made over the last eight years.

So let’s start by looking at how far we’ve come, working together.

We started with access to care.

Today, there are over 3,000 more doctors, 12,000 more nurses, and 1,000 more nurse practitioners than there were in 2003.

We have reversed the brain drain and last year licensed a record number of doctors.

We’ve cut key surgical wait times in half.

And over 7 million Ontarians now have electronic medical records compared to only a handful 8 years ago.

Then we turned our attention to quality of care.

So we passed the Excellent Care for All Act.

Hospitals now publish quality improvement plans and the compensation of senior hospital executives is tied to achieving the goals in those plans.

We created Health Quality Ontario, to support quality improvement in patient care with evidence on the best clinical practices from the world’s best researchers.

And we’re improving value for money.

Value means getting the highest quality care at the lowest possible cost.

It also means not spending on things that don’t improve patient outcomes. And spending more on things that do.

We’re determined to keep making changes that give us better care for patients and better value for taxpayers.

Take Vitamin D testing, for example.

No matter what Dr. Oz says, the best available clinical evidence shows that Vitamin D testing in otherwise healthy people doesn’t improve outcomes.

By deciding not to fund Vitamin D tests for the general population, we were able to re-invest nearly 70 million dollars this year in care that does improve outcomes.

We created Local Health Integration Networks – and they have broken down silos for patients, helped to balance hospital budgets and improved the accountability of providers.

We eliminated the professional allowances paid by generic drug companies, so we could cut generic drug prices in half.

This not only benefited Ontario, but resulted in lower drug prices across Canada.

Our drug reforms are saving the government 500 million dollars a year, and I’m happy to tell you that we’ve realized an additional 100 million dollars in drug savings this year.

And I think there’s more we can do.
Now, for all of the progress we’ve made, we still have a long way to go.

One quarter of health care spending is on avoidable conditions, like heart disease and Type 2 diabetes.

And while the number of Ontarians who smoke has dropped from 25% of the population to 19% in the past ten years…

… smoking-related illness remains the number one cause of preventable death in Ontario – and costs our health care system almost 2 billion dollars every year.

There are still too many patients relying on Emergency Rooms instead of family care providers.

We have far too many “Alternate Level of Care” – or ALC patients – in hospital beds when they would get better care at a lower cost at home or in long-term care.

Too many people are having trouble navigating the system – they’re receiving uncoordinated care from a number of providers.

We still have far too many people being readmitted to hospital within days of leaving hospital.

And there is still too much unnecessary administrative overhead in our health care system.

So while we’ve achieved real and measurable improvements, we still have big changes to make.

The Premier and I are of one mind.

We are determined to do what we need to do to keep improving the quality of health care, and access to it.

And we know that we can’t keep spending our health dollars the way we do now. We have to get smarter about how we spend.

That’s because we face some significant challenges, both fiscal and demographic. These challenges are inescapable, and they demand action.

We live in a new fiscal reality.

Tough economic times have hit our finances hard, and we’ve set clear targets to get back on track.

We are determined to get back to balance by 2017, and we all need to do our part.

I want families to know that our health care system is well-funded.

Indeed, we’re now spending 61% more on health care than we did in 2003.

And I want families to know that health spending will continue to grow – we are not cutting health spending – but the fiscal challenge demands that the rate of increase will slow significantly.
That means we have to shift spending to where we get the highest value.
And health care is overflowing with opportunities for reform.
There’s another reason why we have to change how we spend our health care dollars.

Some of you may know that I’m a demographer by training.

And I find population pyramids fascinating.

Like the rings of a tree, they reflect our history.

They also project our future. And what I see in this population pyramid keeps me up at night.

We’re going to have 43% more seniors in a decade and twice as many 20 years from now – and that’s a good thing – I hope to be one of them!

And the increase of our elderly will grow even more quickly.

Every year, the number of seniors aged 90 and older is increasing by 10,000 people – and that’s a good thing, too – I hope my parents will be two of them!

Of course, as people age, they need more health care.

This graph shows how much we spend, by age group, today.

And here’s what we’d spend 20 years from now if we make no changes to how we care for our seniors.

If we continue doing what we do today, caring for the increased number of seniors would cost $24 billion more by 2030 – 50 per cent more than today – not including inflation.

The fact is, our health care system is struggling to meet the needs of our seniors today.

We owe it to them to do better.

Now here’s what we spend on health care – 47.1 billion dollars.

I can’t tell you how many times I’ve heard people say that there’s enough money in the system.

The problem isn’t that we’re not spending enough, it’s that we’re not spending it on the right things.

So here’s how we spend it:

- 35% on hospitals
- 23% on physician compensation
- 8% on drugs, 8% on long term care, and 6% on community care.
- The “other” category includes mental health, public health, and so on.
There’s a strong consensus that we don’t have this balance right – that we need to put more into community care to help our growing number of seniors.

The demographic pressure demands it.

Indeed, by not having adequate resources in the community, we’re spending more than we need to in other parts of the system.

We need to build the continuum of care in the community, so that there are more options for seniors to get the care they need, outside of hospitals and long-term care.

So, if we are going to strengthen community care, something else has to give.

We need to make trade-offs. And that’s what we wrestle with throughout the budget process.

Let me give you an example. A 1% increase in physician compensation could buy home care for 30,000 seniors.

And a 1% increase in hospital budgets could buy over 5 million more hours of home care.

If we have more seniors to care for…

And if fiscal pressures demand we keep costs down…

Then we have to address physician compensation.

Because every precious new dollar we put into the system must benefit the health of patients – first, last and always.

Our action plan to transform health care is obsessively patient centred, and will invest health dollars where patients need them most.

For all the challenges we face, we have tremendous opportunities, aided by wonderful innovation in technology, a commitment to implementing the best evidence, and most importantly, we have a system ready – indeed, eager - for change.

Because people who work in health care know that we can do much, much better for patients.

All we need to do is work better together.

I know that if we capitalize on these opportunities, we can and we will overcome the challenges we face and end up with better care at a lower cost.

So here’s an Action Plan.

We start by Keeping Ontario Healthy, because we all want better health, not just better health care.

Helping people stay healthy requires partnership. Government can’t do it alone.
But we can help.
That’s why we’re promoting healthy living and supporting better management of chronic conditions.
And to succeed, we need people to participate in their own wellness, in part by taking advantage of screening and vaccination programs.

Childhood obesity rates have skyrocketed.
We know that obesity leads to diabetes and heart disease. Unchecked, these chronic diseases can be fatal.
Well, we’re not just going to sit back and let that happen.

Not with our kids.
So we’ll create a Council on Childhood Obesity. Its goal will be to reduce the childhood obesity rate by 20% within 5 years.

It’s an ambitious goal, but it reflects the urgency of this situation.
We’ll continue to drive our Smoke Free Ontario strategy.

We’re now funding smoking cessation drugs and recently expanded access to nicotine replacement therapy to those in treatment for addictions.

Keeping Ontario healthy is also about detecting disease early.
That’s why we will step up our cancer screening efforts, including online Personalized Cancer Risk Profiles.
This tool will use patients’ medical and family history to measure their risk of cancer...
And then match people to screening programs and prevention supports including genetic testing for people at high-risk.

The second priority in our Action Plan is providing patients with Faster Access to Stronger Family Health Care.
Family health care should be the hub of patient centred care. That means they should play an even stronger role in the health care system.

I’m pleased to announce that we’re going to improve transitions in health care by bringing planning for primary care under the umbrella of our LHINs.

LHINs are the air-traffic controllers of health care.
And when they can plan primary care in a community, they will help improve access to care and save money.
It will make it easier for your family doctor to play the coordinating role between different health care providers, both inside and outside of hospitals and long-term care.

No one knows better than family doctors, what the problems are in our health care system.
It’s time to bring their voice to the table, so they can be part of finding local solutions.
It will also bring more accountability for delivering better care for better value. Everyone who wants a family care provider should have one. But just having one isn’t enough. You should be able to access your family health provider when you need them. That means more after-hours care and same-day or next-day appointments. We’re going to support the efforts of family doctors to improve patient care them quality improvement tools similar to those now in our hospitals. And we’ll improve primary care with evidence-based advice from Health Quality Ontario. Imagine how stronger family health care can help an elderly person with complex needs. By organizing care at home with house calls from their family doctor, along with other providers and community supports… …we’ll reduce their likelihood of admission to hospital, and delay or even prevent a move into long-term care. That’s much better care, at a lower cost.

Which leads me to the third priority in our action plan: Making sure patients have Access to the Right Care, at the Right Time, in the Right Place. Access to the Right Care means ensuring that patients get the care they need, based on the best available evidence. We are going to accelerate our evidence-based approach to patient care. We will strengthen Health Quality Ontario so that we increasingly shift funding to services that are known to get the best results for patients. This year alone, evidence-based changes have allowed us to re-invest 125 million dollars towards more effective patient care. Likewise, we will continue to fund drugs only when the best clinical evidence tells us they benefit patients.

More access to the right care will also require health care providers to work to their full scope of practice. It means a bigger role for nurses, nurse practitioners, dieticians, pharmacists, and midwives to name a few. We will ensure patients get Access to Care at the Right Time with early interventions that are clinically shown to improve health and save health dollars in the long run. Nowhere is early intervention more important than in mental health. Seventy per cent of mental health problems first appear in childhood and adolescence. That’s why we will bring a new focus to children’s mental health.
We are also stepping up management of chronic diseases like diabetes. By acting earlier to manage chronic conditions, we can often prevent the worst effects of the disease.

We will continue to drive our wait time strategy, so that patients can be assured of medically appropriate waits for their procedures.

Less time waiting means fewer complications and more time for being healthy.

And finally, our families need Access to Care in the Right Place.

For our seniors, the right place to receive care, whenever possible, is at home, in their community.

We will launch a new Seniors Strategy to keep seniors health and to provide better quality care at home, where our seniors want to be, with their neighbours and family.

As part of this strategy, we will create new care co-ordinators to respond to the needs of our seniors with the most complex conditions, particularly in the transition from hospital to home.

They will help to co-ordinate the care between specialists and family doctors, hospitals and their community, and ultimately cut down on readmissions while, at the same time, improving care.

We'll fund 3 million more hours of Personal Support Worker care to help our seniors with their daily needs.

And to recognize the vital role that family members play in the health care, we've already introduced legislation to make it easier for them to care for sick loved ones by providing up to 8 weeks of family caregiver leave.

Our plan includes another important step forward.

We will take pressure off our hospitals by moving more routine procedures into specialized not-for-profit clinics… …but only if they can provide better care at a lower cost.

This move will free up hospital operating rooms to do more procedures that do need to be done in a hospital.

Last week, I visited the Kensington Eye Institute, which has become renowned for providing high-quality cataract procedures, funded through OHIP.

By focussing on a select few procedures, they can serve more patients more quickly with excellent patient outcomes.

We need to do more of this, and we will.

Finally, our funding models need to be updated to reflect our plan to transform patient care.

We will accelerate the transition from provider-centred funding towards a patient-centred funding model, where funding is based on the services provided.

You see, today, a hospital may choose to cut services in order to balance their budget.

In the future, more patients being served with medically necessary procedures will actually increase the budget of a hospital.
Of course, we will continue to recognize and support the unique needs of hospitals in smaller communities.

As we integrate the full patient journey into local planning, funding will follow the patient through the system…

…from primary care, into hospitals, into specialized clinics, into long term care, and into home care.

This will create the right incentives for better care at every stage of our health care system – and deliver better value for our health dollars.

The simple truth is that we can’t keep increasing health care spending at the rate we have to date.

This, coupled with the current state of our provincial deficit and Ontario’s aging population, means that we need to make immediate reforms to protect our universal health care system.

This action plan will get us there, and to achieve our goals we need the support of the entire system.

Part of that is a culture shift towards transparency and accountability.

In tomorrow’s health care system there is no room for self-interest, only the best interest of patients.

I will be held accountable for our success or failure, and I commit to reporting back on our progress a year from now.

However, from patients to doctors, front-line nurses to hospital administrators, personal support workers to LHINs – we all have a role to play in this health care transformation.

This is a call to action. We need to make some changes.

So health care is in great shape for us as we get older and for our kids and grandkids through their lives too.

So here the good news – we know what we need to do.

We have a great plan to transform health care.

Across the province, these changes are already starting to take shape.

To those who are at the forefront of this transformation, I say thank you.

You have inspired us all, and given us the confidence to know that Ontario can be the best place to grow up and grow old.

Change will not happen overnight, and it will not always be easy.

The reality is that we can’t afford to wait. We must be relentless in our pursuit to meet this challenge.

Patients are counting on us. And I have every confidence that we will get there, together.

Thank you.