



January 27, 2014

The Hon. Deborah Matthews

Minister of Health and Long-Term Care and Deputy Premier

ONTARIO ACTION PLAN FOR HEALTH CARE—YEAR TWO UPDATE

Chairman: **Noble Chummar**

President, The Empire Club of Canada

Head Table Guests

Captain Reverend Eleanor Clitheroe, Former Deputy Minister of Finance, and Former CEO of Hydro-One; David Rounthwaite, General Counsel and Corporate Secretary, eHealth Ontario; Bert Clark, President and CEO, Infrastructure Ontario, and Director, The Empire Club of Canada; Jeff Jenner, Current Vice-Chair, Canadian Wind Energy Association, and Former Chairman, Capstone Power Development; Dr. Peter Nord, Vice-President, Chief Medical Officer and Chief of Staff, Providence Healthcare; Helen Angus, Acting Deputy Minister of Health and Long-Term Care; Sean Webster, Vice-President, Public Affairs, Shoppers Drug Mart; Saurabh Papat, Director, Government Affairs and Public Policy, Baxter Corporation Canada; Amanda Smart, President, Ontario Physiotherapy Association; Dr. Samir Sinah, Director of Geriatrics at Mount Sinai and the University Health Network Hospitals and Expert Lead, Ontario's Seniors Care Strategy; Norm Gale, Chief of EMS, Superior North Emergency Medical Service President, and President of the Ontario Association of Paramedic Chiefs; and Saad Rafi, Former Deputy Minister of Health and the Current CEO of Toronto 2015

Pan/Para Pan American Games.

Introduction by Noble Chummar

Canada is the envy of every country in the world. Canadians are as humble as we are proud. We are as industrious as we are compassionate. We are intelligent, healthy, worldly and are a society comprised of great people from every corner of the earth. Canadians like to complain about the weather and taxes, but secretly we love our four seasons and relish in the many services that our taxes afford us.

It was at this very podium that the father of universal health care, Tommy Douglas, then Premier of Saskatchewan, summed up the Canadian psyche as one that is innately compassionate and willing to share if by doing so it renders opportunity to equally participate in that benefit.

Our speaker today is the guardian of Ontario's health-care system. She is the Deputy Premier of Ontario and our Minister of Health and Long-Term Care. If you thought your jobs were difficult, the minister's job is to weigh the thousands of priorities that she receives daily and make it fit within her, believe it or not, limited \$47-billion budget. I might be incorrect on that number.

I'd be willing to guess that there's a number of you here that would love two minutes of the minister's time to tell her how to spend that money. Dr. Deborah Matthews is a remarkable woman. She is someone who has been surrounded by politics from a very young age. Her father was the President of the Progressive Conservative Party of Canada. She rebelled and years later became the President of the Ontario Liberal Party and then Deputy Premier of the Liberal Government.

Dr. Deborah Matthews completed her PhD in Social Demography at the University of Western Ontario, where she also taught for many years. Deb Matthews is someone who brings compassion and intellect to the Cabinet table. She's proven to be one of Ontario's best ministers of health. She's been a champion of children's issues and poverty issues. Minister Matthews is here to update us all on her two-year update on the Health Care Action Plan. I ask that you all join me in welcoming her to our podium.

Deborah Matthews

Well, thank you Noble. Thank you to the Empire Club and a special thank you to all of you for being here today. It's a real pleasure for me. I have to tell you that there's a whole table of my family right here. It's great to have the support of the people I love and who love me.

I'm here to talk about a big Canadian project, one that impacts

every one of us and the people we love. It's the sustainability of our uniquely Canadian, precious, universal health-care system. You may have seen a commercial recently of our Premier, Kathleen Wynne. She's running uphill in the very early morning. It's a cold, wet day. She tells us that she sets goals, really hard-to-accomplish goals. I can vouch for that. I can tell you that, in health, we've also set some really hard-to-accomplish goals.

Two years ago, that's what we did when we released Ontario's Action Plan for Health Care. It sets out an ambitious agenda to transform our health-care system. We all know that transformation is necessary. Our fiscal and demographic realities demand it. Indeed, our fiscal reality is further challenged by \$640 million in cuts to transfers from the federal government. We're getting \$300 million less in federal health-care transfers than we should when compared with other provinces. However, despite the challenges, our resolve is not shaken. Quite the opposite, because if we lose our resolve and if we fail in transformation, it would mean the end of universal health care. That's not okay. That's not okay for me, not for our parents, not for our grandkids. It's just not okay.

I knew when I released the Action Plan that transformation would be tough, that it would challenge relationships, but I also knew that together we could make it happen. That is, in fact, what we are doing thanks in large part to many of the people who are here today. I want to say thank you to all of you who have played a part in transformation and especially a big thank you to former deputy Saad Rafi, who has really made this happen. I must mention Saad Rafi's team as well.

At the time of the Action Plan's launch two years ago, I pledged to report back annually on our progress and that's why I'm here. We're two years in. I can report to you that transformation is well under way. It's in full swing. We've made fundamental improvements and changes to how we deliver health care, especially for our growing population of Ontario's seniors.

At the same time, we're doing something that many people said was impossible. We're significantly bending the cost curve. We used to see annual growth of about 6 to 7 per cent in our health-care budget. We are now down to just over 2 per cent. We hit our fiscal target last year. We did it this year and we're going to do it again next year. We're going to stay on track for the foreseeable future. That is the new normal.

This is the remarkable thing. At the same time that we're bending the cost curve, we're measurably improving the quality of and the access to health care. We're able to do both, because people who work in health care are demonstrating extraordinary leadership and innovation. They're challenging the status quo. They're showing us how we can do things differently and that we can do them better for patients. Instead of asking, "Does this change benefit me? Does this benefit my organization and my profession?" health-care leaders at all levels are asking, "How can we make it better for patients? How can we get better value for money?"

I'm reminded of the New Zealand physicist, Ernest Rutherford, who once said, "Gentlemen, we are out of money. Now, it's time to think." I think that perfectly describes health care, not just in Ontario, but everywhere. If it's better for patients and it's better value for money—often it's both—then it's up to us, all of us, to make that change happen. It is not always easy. We've had to make some pretty tough decisions. There has been noise. There has been opposition. There has been fierce opposition, but it's worth it.

Other provinces are following our lead when it comes to prescription drug reform. Here in Ontario, our reforms mean that we can reinvest \$50 million a year in more drugs for more people and more services than pharmacists can offer, like the flu shot. Consumers are also saving with lower prescription drug costs. We're working with doctors to align the care we pay for with evidence-based best practices and to share in the benefits of tech-

nology improvements, meaning that we can now reinvest \$400 million a year in new doctors and care for more patients.

Hospital leaders are helping us move from a global hospital budget to a funding model whereby funding follows the patients. Last year, we reformed how physiotherapy in seniors' exercise classes are delivered. As a result, 200,000 more people can get the care they need to be strong and healthy. I can assure you that more reforms must and will be made when they're better value for money and when they're better for patients.

We can look back after two years and see that the Action Plan is the right plan. We continue to implement it and I can assure you we're not deviating from it. Our work is far from done. Today, I can report that we've made significant progress on all of the initiatives set out in the Action Plan. I'm sure it'll come as some relief to you that I'm not going to list them all. That information is in the material at your table.

I do want to talk to you about some of the results that we've achieved. I want to talk about some of the next steps in transformation. I also want to show you some of the faces of this transformation, people who have inspired us, who are driving this change or who we hope to help with the change that is underway, because health is about people. It is only about people.

The Action Plan is built on three pillars. The first pillar is keeping Ontario healthy. We're focusing on preventing the diseases that have the greatest cost to people and to the system. One of those diseases is cancer. This is Kate Neale. She's a young woman from Belleville. She worked in a tanning salon and she was told that she had to tan, she had to tan often, and she had to tan regularly. Then she developed melanoma, a deadly disease. Thanks in part to Kate, last year the legislature passed the Skin Cancer Prevention Act, so hopefully there will be no more stories like Kate's.

Protecting our kids from cancer also means taking strong action when it comes to smoking. Our Smoke-Free Ontario strategy is already a North American leader. It's helped bring smoking

rates from a high of about 25 per cent to about 19 per cent. In the Action Plan, we set a goal of having the lowest smoking rates in the country. That's a distinction currently held by British Columbia. They're at 15 per cent. That means we need to do more. We're proposing to double penalties for selling tobacco to minors, banning the sale of flavoured tobacco, and banning smoking on bar and restaurant patios and on sports fields.

The Action Plan also identified childhood obesity as a major driver of future health-care costs. There's no question that kids are less active, less fit and less healthy than they were just a generation ago and that something needs to be done to reverse that trend. We established the Healthy Kids Panel to follow the research and provide us with advice. They told us that action needs to begin at birth and even before birth. I was surprised to learn that supporting breastfeeding is perhaps the most important thing we can do to reduce childhood obesity. That's why we're offering every new mom access to breastfeeding supports, including 24/7 access to lactation consultants through Telehealth Ontario.

The Healthy Kids Panel also told us that access to healthy food is a big part of the answer. Now, 33,000 more kids in higher-need communities, including our First Nations communities, are getting access to expanded student nutrition programs. Making a difference in kids' health means we all have to make healthier choices. We need to have the information to make those healthier choices. That's why we're going to introduce new legislation, requiring the posting of calorie counts on the menus of large chain restaurants and other chains where ready-to-eat food is sold.

If we're going to make a measurable difference in our kids' health, we know we can't do it alone. Legislation and regulation alone won't do it. We need all hands on deck. We need engagement and partnership from everyone in our communities, municipalities, businesses, nonprofits and families to get our kids healthy and active. That's why last week the Premier and I, along

with PanAm/Parapan Am games mascot, Pachi the Porcupine, launched the Healthy Kids Community Challenge to invite communities across Ontario to partner with local organizations, to promote healthy, active living amongst our kids. This is based on research. It's based on the EPODE model that has demonstrated great results in France and around the world. I hope that some of you might consider playing a leadership role in your community by the import of the Healthy Kids Community Challenge.

Let's move to the second pillar of the Action Plan— faster access and stronger links to family health care. When it comes to faster access to family health care, we've come a long way and we have a long way to go. As you may have seen in the news last week, Canada trails the pack in patient access to same day and next day appointments with their family doctor. We need to do better. As long as people can't get timely access to their family doctor or their nurse practitioner, they'll turn to a much more costly alternative, the hospital ER.

There are some exciting things happening in primary care, especially when it comes to people with the greatest health-care needs. Now here's a statistic that really grabbed my attention: 1 per cent of us account for onethird of all health-care spending; 5 per cent of us account for two-thirds of all health-care spending. We really need to focus on people who have significant health-care needs. Community Health Links is a brand new, made-in- Ontario innovation that wraps care around our most complex patients and puts their family doctors or nurse practitioners at the centre of a single, unified plan of care. Most of these patients are seniors with complex needs. We're also finding that many, if not most, have mental health challenges as well. Rather than explaining, here's a two-minute video that describes how Health Links helps patients like Mary.

Start of Video

Can we provide better care for our most complex patients,

including seniors with multiple needs? Meet Mary. With diabetes, a bad hip and emphysema, Mary has a lot of appointments, doctors and medications. Lately, she's in and out of hospital too. It's hard on Mary. Her daughter spends a lot of energy trying to find her way around the health system to help her mother get the right care. Mary is anxious. She just wants to be able to play with her grandchildren and visit friends.

Mary's family doctor is frustrated. He's not always up to date on what's happening with Mary's care. Has she been to the ER? Has someone prescribed new medication? Is she eating properly? With Health Links, things are changing. Mary and her daughter are a key part of the care team, including her family doctor, nurse practitioner, personal support worker, physiotherapist, pharmacist, Meals on Wheels and diabetes educator. Together they create a care plan based on what's important to Mary feeling well enough to play with grandchildren and visit friends.

Mary is assigned a care coordinator. Now when Mary has a problem, she has someone to call, so she doesn't need to go to the ER every time. When she must go to the hospital, staff have her care plan and know her medical history, so they can provide the best care for Mary. Through Health Links, everyone in Mary's care team shares information about Mary's health in a timely way. Now, Mary's family doctor knows what's going on with very part of her care and when to follow up. The care team's even arranged for Mary to be taken to a diabetes program each week. Mary and her daughter spend less time in hospital and at appointments and more time enjoying life. Everyone is feeling more confident about Mary's care.

Mary's doctor and the whole care team are connected through the Health Link and feel like they're truly helping Mary and her family. Now Mary's getting better care in a health system that's more efficient and effective and there for others who need it. Health Links is one way everyone in the health-care system is working together to make healthy change happen. To find out

more, visit Ontario.ca/healthychange.

End of video

We now have 47 Health Links covering almost half the province. In the coming months, we hope the whole province will have access to Health Links. The establishment of Health Links isn't the only innovation that has shown me just how much providers at all levels of our system are thinking differently about how to provide better care. Here's a picture of Deb Wicks from Toronto EMS. Our paramedics are on the frontlines. They see close up when the health-care system is failing people, because those folks call 911 sometimes dozens of times a year. Paramedics would rather prevent the call to 911 than respond to that call. They have found ways to offer the familiar faces better ways to get the care they need often by referring them to other community services and sometimes just by dropping by for an unannounced call, rather than waiting at the station for the phone to ring. This is called Community Paramedicine. It's a very exciting innovation. You may have seen a story recently on CBC that highlights the results of Community Paramedicine in Renfrew County.

A recent Toronto EMS study showed that Community Paramedicine resulted in a 50-per-cent decrease in the number of repeat calls to 911 and a 65-per-cent decrease in the number of transportations to the Emergency Department. Over a period of six months, they saved \$300,000 in reduced transports alone and they reduced congestion in hospitals. In Deb's words, they've barely scratched the surface. This is better care and this is better value for money. That's why last week, I announced plans to provide support for Community Paramedicine across the province. This is the kind of silo-busting, responsive, innovative, patient-centric area we want to be encouraging.

I'm delighted that Norm Gale is here. He's the President of the Ontario Association of Paramedic Chiefs, who has been a real champion of Community Paramedicine. Thank you Norm.

The third and final pillar of the Action Plan is right care, right time, right place. Getting the right care at the right time is why we've expanded scope of practice for registered nurses and registered practical nurses, so they can dispense drugs in certain circumstances. Now, nurse practitioners can prescribe drugs and admit or discharge patients from hospitals.

Let me give you another example of the importance of getting care at the right time. This little boy is named Ethan Peters, a charmer of a little boy. His big sister, Brooklyn, died from a rare disease called SCIDS, Severe Combined Immune Deficiency Syndrome. Some know it as Bubble Boy Disease. It is deadly if it is not caught early. If it is caught early, it can be treated successfully. When Ethan was born, because there was a family history, he was tested for SCIDS. He tested positive. Because it was caught early, he was successfully treated with a bone marrow transplant and now he is doing well. Now we test all newborns for SCIDS, so hopefully we won't have another tragedy like Brooklyn, who didn't get the right care at the right time.

Ontario now has the most comprehensive newborn screening program in Canada. Just 10 years ago, we tested for only two diseases. Today, we screen for 29, so kids can get the care they need at the right time, sometimes in time to save their life.

Innovations help us support kids like Ethan. New health-care treatments and technologies are constantly emerging, providing new ways to improve care and get better value for health-care dollars. Ontario has a thriving, exciting life-sciences industry, employing thousands of people and exporting Ontario innovation around the world. We also have an excellent health-care system. We're determined to bring the two closer together to make sure they benefit each other and learn from each other. In short, we want to harness the potential of Ontario-made discoveries, because patients will get better care faster and new jobs will be created here in Ontario.

If there are barriers to innovation, I want to know about them

so we can take them down. That's why my colleague, Reza Moridi, the Minister of Research of Innovation, and I have created the Ontario Health Innovation Council. It will provide advice on how to bring Ontario innovations to market. I think there's huge potential there.

A big focus of our Action Plan is to get ahead of the demographic shift and re-imagine how we can provide care, the best possible care, to the growing number of older Ontarians. That's why we turned to Dr. Samir Sinha to give us advice. Dr. Sinha is with us today. Thank you.

Expanding Community Paramedicine and improving access to physiotherapy, exercise and falls prevention programs were recommended by Dr. Sinha in his report, "Living Longer, Living Well," which, incidentally, has been downloaded 25,000 times by people around the world. He made 134 health recommendations. Those were only the health recommendations. He made others to other people as well. I'm proud to say that we are implementing or have implemented two-thirds of those recommendations.

At the core of transformation and at the core of Dr. Sinha's report is the notion of a shift from care in institutions like hospitals and long-term care homes to care at home or in community settings, because it's what people want and it's less costly. The shift became very real to me when my friend, Ken, had a stroke. He was in his 80s, a widower, active, and a father to a large, closely-knit family. He still lived in the seven-bedroom home in which he raised his family. After his stroke, many of his kids and his doctors wanted him to move into long-term care. Ken had another idea. Home is where he wanted to be. Home is where he was going. He put his foot down, end of discussion.

The Southwest Community Care Access Centre went into action. Through their Homes First Program, they arranged for Ken to be cared for 24/7 in his own home. He got better. He got stronger. Within weeks he needed less and less home care. He kicked them out. He didn't need that home care and he didn't

need to be in long-term care. A year later, Ken had another stroke and he passed away, but he lived at home where he wanted to be until the very end. Ken's story is transformation in action. I think it's what we all want for ourselves. It also has ripple benefits throughout the system. Stories like this is why Ontario's long-term care waitlists are getting shorter. It's why there are fewer hospital beds being occupied by people who could be better cared for elsewhere. That's better care and that's better value.

Here's a picture of Pearl. Pearl is a home-care client in Kingston. Like Ken, she wants to stay at home as long as possible. Ken and Pearl are why we're holding the line in other areas of our health-care budget, so we can invest any scarce new dollars to support our seniors at home.

Last year, we allocated \$260 million, by far our biggest new investment, in the home and community sector. It means we've been able to expand access to home care to 76,000 more seniors and we've expanded community support services like Meals on Wheels. We're caring for more people in supportive housing and in day programs. We're supporting dedicated caregivers through respite programs.

There's a big problem we must address in order to have high-quality home and community care for our parents, for our grandparents and for us when our time comes. Here's Juliet. Juliet is a personal support worker in Milton. I spent a morning job-shadowing her. Personal support workers (PSWs) in a home and community sector are at the frontline of our health-care system. They are the people who deliver care to the most vulnerable in their own homes. They are the very foundation of our transformation efforts. Make no mistake about it, without home-care PSWs, we cannot continue with our transformation agenda. We might not even be able to sustain the progress that we've made.

Last week, the Premier and I met with a group of PSWs who work in the home-care sector. They told us about the patients they care for and how much those patients mean to them. These

PSWs told us about the lengths they go to to make sure the people they care for are getting the care that they need. They also told us that they're struggling. In that meeting, I met Rachel, a 28-year-old woman who loves her work as a home-care PSW. Last year, she made \$16,000 with no benefits and no guaranteed hours. That's why she still lives at home with her parents. Rachel told me she'd make more money working at Tim Hortons. She'd make a lot more as a PSW in long-term care or in a hospital. She wants to build her career as a home-care PSW. We need her to. She'd like to have her own place one day. I don't think that's too much to ask.

The system is struggling too, because each and every year, there's about a 60-per-cent turnover of PSWs in the home-care sector. Sixty per cent leave for other opportunities, better paying opportunities. That's highly disruptive for patients as their caregiver is constantly changing. Clearly there's something wrong. If we are to do better by our patients who need home care, we need to do better for the PSWs who are caring for them.

In the coming weeks, I'll be speaking more about this. We will build on our home-care PSW recruitment and retention strategy, including better supports for our PSWs. To tackle a challenge this significant will take time. It won't happen overnight, especially in the face of a tight health budget and growing demands for care, but we need to address it as the urgent priority that it is.

From the start, our Action Plan has been obsessively patient-focused. If we are to keep making progress, it's not good enough to just ask ourselves, "Is this change better for patients?" We need to ask patients, because the system is their system. It's there for them, not to mention they're paying for it. Meaningful patient engagement improves quality of care, improves patient satisfaction and is cost-effective. When patients are listened to and patients are heard, hospital stays are shorter and patient outcomes are better. Let me give you one example. The Toronto CCAC has introduced a new approach to home care. When a

PSW enters a client's home, they no longer use a list of pre-determined tasks that they're required to do. Rather, they ask the client, "What are your top needs for today?" They started doing this because they listened to patients. As a result, outcomes are better. This is an approach that's moving to other CCACs. This is just one of many examples across Ontario that show how we're moving from a system where we provide care for patients to a system that provides care with patients and most importantly that we're listening to and learning from patients. That's why working with our partners including, most importantly, patients, we will embed meaningful patient engagement in the health-care system through the Excellent Care for All Act.

One of the most beautiful things about a focus on patient engagement and acting on their feedback is that people are happier with the care they receive. It leads to fewer complaints, but complaints do happen. We have a large and complex health-care system. It doesn't always work perfectly for everyone. We need to think of complaints as opportunities to improve quality. Just as we set standards now for hand washing and infection control, we're going to set standards when it comes to patient relations. That means hearing complaints in a clear, structured, and consistent way right across the health-care system and responding to those complaints in a respectful way.

Patients also need to know that they can turn to a third-party patient advocate when all local complaint resolution processes have been exhausted; someone who will advocate on their behalf to facilitate and help resolve complaints as they arise and also drive system-wide quality improvements. We will establish a new patient advocate after engaging with providers and patients alike on the best way forward.

Ladies and gentlemen, we have a plan. Transformation is well under way. Patients are benefiting. We're on the right track and we're going to keep going. We're going to keep on setting really hard-to-accomplish goals. Just like the Premier says, "We

won't stop until they're done." This transformation plan will be put to the test in coming months, I expect. I'm proud to defend it. There are some who would put the sustainability of our universal healthcare system at risk by spending more than we can afford and avoiding tough decisions. Others have an agenda of across-the-board cuts that would inevitably harm the quality of patient care. What we will do is keep improving the care we deliver to the patients of Ontario. We will keep driving better value for our precious health-care dollars, so that our treasured, universal health-care system will be there for the patients depending on it tomorrow. It's going to be an interesting year. I very much look forward to being back for our third annual report on our Action Plan. Thank you.

The appreciation of the meeting was expressed by Sean Webster, Vice-President, Public Affairs, Shoppers Drug Mart.

