The Empire Club Presents

THE HONOURABLE DR. ERIC HOSKINS ONTARIO MINISTER OF HEALTH AND LONG TERM CARE:

THE NEXT PHASE OF ONTARIO'S ACTION PLAN FOR HEATLH CARE

February 2, 2015

HEAD TABLE:

Distinguished Guest Speaker:

The Honourable Dr. Eric Hoskins, Ontario Minister of Health and Long Term Care

Guests:

Ms. Tina Arvanitis, Vice President, Government Relations and Communications, Ontario Energy Association; Director, Empire Club of Canada

Ms. Martha R. Huston, President, Cardinal Health Canada

Mr. Ed Jamieson, CEO, Medical Pharmacies Group Limited

Dr. Peter Nord, Co-Chair, Rehabilitative Care Alliance of Ontario; Chief Medical Officer, Providence Healthcare

Ms. M. J. Perry, Vice President and Owner, Mr. Discount; Director, Empire Club of Canada

Mr. Michael Peters, Senior Director, Public Policy and Business Development, Cardinal Health Canada

Mr. Tim Smitheman, Manager, Government and Public Relations, Samsung Renewable Energy Inc; Director, Empire Club of Canada

Ms. Andrea Wood, Senior Vice President, Legal Services, TELUS; President, Empire Club of Canada

Welcome Address by Andrea Wood,
President, Empire Club of Canada

I have a question for you. How many of you would think "politician" if I were to describe somebody to you using these words: 'Humanitarian', 'Rhodes Scholar', 'physician', 'world traveler'? Or how about these words? 'Compassionate', 'charitable', 'thoughtful'? Not many I would expect. But these words, ultimately, describe Dr. Eric Hoskins, Ontario's Minister for Health and Long Term Care.

Minister Hoskins's path to politics was an unconventional one after having completed his PhD in public health and epidemiology.

At Oxford, Minister Hoskins spent nearly a decade as a doctor in war-torn regions in Africa and around the world. He served as a senior advisor to then Foreign Minister Lloyd Axworthy, on issues such as human rights, child soldiers, peacekeeping and the landmines ban. And he founded War Child Canada, which aims to help children in war-affected regions. All of this before he turned his attention to provincial politics.

Minister Hoskins was first elected in 2009 as MPP for the Toronto riding of St. Paul's and he has held increasingly significant cabinet portfolios. Prior to becoming Minister of Health and Long Term Care, he was Minister of Children and Youth Services, Minister of Citizenship and Immigration, and Minister of Economic Development, Trade and Employment. Although this was not the traditional path to professional politics, Minister Hoskins's background makes him almost uniquely qualified to manage the critically important Health Care portfolio for our province.

Today, Minister Hoskins will describe his vision for our healthcare over the next three years. He will tell us how the Ontario government plans to build on past successes to continue to transform the healthcare system in this province.

Please, join me in welcoming, Minister Eric Hoskins.

Eric Hoskins

Good afternoon, everyone, and Andrea. It is wonderful to be here with the Empire Club. It is wonderful. I had many of my ministry staff show up here at lunch today because we were all worried, quite frankly, that nobody would be able to make it in because of the snow storm. But I want to acknowledge Bob Bell, my deputy, who is here as well as a number of other individuals who represent the ministry so well.

I am honoured to stand before you today, as I know we are working for a common cause, and it is a cause that I am deeply committed to along with our Premier Kathleen Wynne and the Ontario Liberal Party. And I want to thank you for coming today and for your unwavering commitment to improving health care for Ontarians.

Ladies and gentlemen, we have come a long way together.

Health care is undeniably one of the most important issues facing our government and facing all of us as Ontarians. The stakes are high. Without exaggeration, the decisions that many of us make in the course of our work have life-and-death consequences, and it is a cause that I have been championing, like many of you, my entire professional career.

You might conclude that my knowledge of health care stems from medical school, but, to be honest, that is not really where I learned about health, about what it takes to promote and maintain healthy communities because healthcare is not simply the application of anatomy and physiology and biochemistry and pharmacology. These, as we know, are only one piece of the puzzle and, in general and speaking from experience, the piece that is easiest to negotiate when it comes to medicine. And you can take my word on that. But, of course, we all know that health is not just about science, nor is it just about the clinical setting. It is about the convergence of policy and demographics and economics and ethics and even, in some cases, politics—not party politics, though there can be a little of that, too, but about the values that we share as a society. And it is also about history and globalization and even education. But, above all, health and healthcare, is about people. It is about protecting and promoting the rights of people—to support our wellbeing and, in difficult times, to ease our pain. So, we are all in this room in a very complicated yet paradoxically simple business: We are in the business of being human.

I did not always think of health or healthcare or even my role as a doctor and public health practitioner in these terms, but my perspective quickly changed shortly after graduating from McMaster's medical school. I moved my medical textbooks into the basement of my parents' home in Simcoe, grabbed my stethoscope and went halfway around the world to Khartoum, Sudan. I was young and seemingly invincible and probably even a little too self-assured, like many new docs. I arrived in Sudan ready to save lives. Well, Sudan changed my life instead.

While I busied myself with humanitarian work and healthcare, my officemate in the faculty of medicine, a gentle, Sudanese man named Mohammad, worked diligently to train legions of young Sudanese doctors to respond to their country's ongoing health crisis: Epidemics, malnutrition, a high maternal mortality rate and a life expectancy that hovered around 42 years of age—which, to provide added context, is far younger than anyone serving in the provincial legislature right now, with, of course, the exception of Yasir Naqvi. Mohammad and I would work side by side on two, metal fold-out tables and plastic chairs—often working in the dark with no electricity and the temperature climbing to 45◦C.

We never talked politics. He was a quiet, dedicated man,

who often shared his breakfast with me—a Sudanese bean stew. Doctors in Sudan were not known for their political engagement. Very few spoke publicly; in fact, during an uprising and military coup that had preceded my arrival, doctors had actually been maligned as a group for staying silent even as the bodies piled higher in the streets. That coup, tragically, turned out to be the precursor to an even more bloody and terrifying one.

About a year after my arrival in Sudan, there would be more political upheaval—this time installing the government of Omar al-Bashir, who, it should be noted, now stands indicted by the International Criminal Court for war crimes in connection with the more recent war in Darfur. But this time the doctors did not stay silent. Mohammad and his colleagues at the doctor's union spoke loudly and critically of the abuses they were witnessing, of the threats to civilian life and the misery which ensued.

And then, one day, Mohammad stopped showing up to our sweltering concrete block with his bean stew. After a few days, I went to visit his family thinking, perhaps, he had been stricken with malaria, a disease which had left me bedridden only a few months prior. But, when I got there, I learned that Mohammad was not ill; he was missing. And a few days later his body would be delivered to his wife and young children. He was covered in burns and bruises. And all of his fingernails had been pulled out. He is not the only doctor and human rights activist I have known whose life

was cut violently short simply for striving to keep people alive and safe from harm.

Health and human rights are indivisible. Who we are and what we stand for as a democracy, as a society that values human life, that believes in dignity and respect for all—these are essential not only to health but to the healthcare sector as a whole. Notions of equity and access and universality are not just lofty ideals that make for raucous political speeches. These are principles worth striving for and defending with every measure of our being because our lives really do depend on it. So the question then is not whether the system is unsustainable or whether universal healthcare is unattainable or whether two-tiered alternatives are viable. These presume that principles of universality, equity, access and healthcare can be measured in degrees, that such rights are relative. And that is not a vision for healthcare that I can support nor that this government supports; instead, we have to approach the challenges facing healthcare from a different vantage point, which is that if we believe in such rights to health and healthcare, as we do, then the questions we really should be asking ourselves are *How do we ensure universality? How do we improve access? And what does it take to deliver the highest quality of care?*

Every decision I have made and will make as Minister of Health is centered on such considerations. Yes, there are economic and demographic realities, and we will not hide from them: Our population is ageing, and our financial

resources are finite. But these are challenges that we can manage together with determination and some ingenuity. It is simply a matter of choices, choices that must be rooted in evidence and experience, choices that put patients first because doing a better job in healthcare means understanding and predicting the needs of Ontarians and supporting models that best serve them. It is not in fact about those of us in this room. It is about what we do for them, and we can never forget this.

So, with this in mind, some of you may be asking what my plans for healthcare in this province are. Well, I would like to spend a few minutes sharing these priorities with you—our priorities as a government because I am not someone who believes in tinkering around the margins. I believe that we have a tremendous opportunity in this province to lead, to demonstrate a bold vision for delivering universal healthcare that will, above all, improve patient outcomes and make the best use of our financial resources.

The first action plan for healthcare by Minister Deb Matthews is a commitment to be "obsessively patient centered." Patients first. Our new action plan builds on that commitment and recognizes that the health system belongs to patients, to Ontarians and, therefore, this plan is for them—it is shaped by their experiences and seeks to empower them, so let us start where patients want to start: With access.

If we want our system to serve each patient, we need fast, timely, and responsive care, which also means redefining access from the patient's perspective. So what might that redefinition look like? Well, for starters, we should be proud that 94% of Ontarians have a primary care provider—two million more than did a decade ago. But 6% still do not, and timely access to both primary care and specialists remains a challenge. We need a front door to a medical system that is open 24/7. And that front door should be a dynamic primary care system with team-based integrated and coordinated care leveraging the skills of more healthcare providers and with fewer unattached patients. That is how we can truly put the needs of patients first. And so I welcome the work of David Price, Elizabeth Baker and the members of the Expert Advisory Panel on Primary Care who are pointing the way to primary care reform.

We need to ensure that our healthcare workers are able to put their skills and training to good use by continuing to expand their scopes of practice. And we need to look past the traditional confines through which we have provided care because the technology to do so is already out there. And it reminds me of a joke—a very telling one I think—that I heard during a briefing by a respected leader in hospital-based care: In the 1990s, the only people who used pagers were doctors and drug dealers. Well, the drug dealers have moved on. We do not even have to go looking for the innovations needed to change this because we use them in every other aspect of our lives. Imagine: A parent takes

her young child with an unusual rash to her family doctor, who is not certain of the diagnosis. Instead of waiting eight weeks for a consult with all the associated discomfort and anxiety for parent and child, the family doctor can send a digital photo to a dermatologist and know the management plan often before the family leaves the office. We can do that now. The reality is these benefits are possible when we put patients first.

And more, one of the greatest challenges right now facing our healthcare system when it comes to access concerns individuals in need of mental health and addictions services—not only acute care but longer term care and supports that revolve around the patient. That is why we are making targeted investments like the $138,000,000 over the next three years to shift more mental health services into the community—timely, effective and responsive ongoing care and support that treats patients as people and breaks down the barriers that those struggling with mental illness and addictions too often face.

We have already made significant progress on mental health by working together. For the first three years, our strategy has focused on mental health supports for children and youth. Almost 800 additional mental health workers are now providing services for children and youth in our communities, in our schools, in our courts. And our Tele-Mental Health services are providing nearly 3,000 psychiatric consults this year alone to benefit children and youth in rural, remote and underserved communities. To build on that success, we have asked Susan Pigott, a leader in the field, to chair the province's Mental Health and Addictions Leadership Advisory Council, and I look forward to working with them and with all of you to implement the next phase of this strategy.

All of us in this room know that the burden of disease is shifting profoundly—from infectious disease and emergencies to more chronic conditions associated with the demographic changes taking place across this province and around the world, so an effective and efficient healthcare system must be forward-looking. The needs of Ontarians are evolving and our sector must continue to evolve along with them to predict rather than react so that our interventions are smart and targeted and effective.

And, along the same lines, we need to recognize that access to healthcare also depends on connectivity. I have already mentioned connectivity in the context of new technologies and the opportunities we have to provide patients with faster and more holistic support. But there are other ways in which connectivity may be strengthened to achieve integrated and coordinated patient care; for example, in the home and community care sector. The current experience of our loved ones in this sector as we know from the feedback we have received from thousands of individuals and families is uneven and disjointed. And I know that our caregivers feel that every single day.

Let us consider in the first instance the needs of our seniors. Understandably, more of them want to remain in their homes for as long as possible. This is not only better for them but for the healthcare system as well. But, to achieve this, they will need more flexible, reliable and affordable community and home care supports. We also need rigorous standards of care to keep them safe, and we need to be monitoring our progress every step of the way so that we can be confident that patients are getting the quality services that they deserve. That is why we are working closely with Gail Donner, the chair of our Home and Community Task Force, to help us expand the current capacity, modernize delivery and improve the patient, family, and caregiver experience. Home and community care is right for transformation, and I am committed to seeing it through.

It is this same patient-centered approach when it comes to the management of high-risk patients, which lay the foundation for Health Links. Due to a fragmented primary care system and gaps in the continuity of care, we know that 5% of our population consumes as much as two-thirds of our healthcare costs. This is where Health Links has the opportunity to be a catalyst not just for cost savings, but for better quality of care and a cornerstone in our primary care system by connecting patients to community-based care. Health Links means connecting an 82-year-old patient with congestive heart failure who does not speak any English with a CCAC care coordinator and a translator to develop

a care plan that will keep him out of the emergency room. It means connecting a 33-year-old patient with adequate housing and ensuring that her psychiatrist, family doctor and social worker are all in one room when she explains what is important to her. These are the stories that cut past the numbers and help those who have been falling through the cracks in our healthcare system. And we now have 69 Health Links across Ontario making good inroads to bridging healthcare with housing and education and our justice system so we can get at the social and economic conditions that have an enormous impact on our health and well-being, the so-called social determinants of health.

And I know just how important this is from personal experience. For many years, I worked here in Toronto as a doctor providing care to refugees, immigrants and inner city patients—their health issues were complex but so, too, were their circumstances. But nowhere, perhaps, are these challenges greater than in our Aboriginal communities, where the key to success is so often found within the communities themselves, if we could only realize that and respect them as valued and equal partners. But medicine can only go so far in addressing the health risks that Ontarians face each and every day. As we all know, penicillin cannot cure poverty and homelessness, but, by connecting patients to resources and those resources to one another, we are better able to support them.

And, of course, if we want more of our system to perform

as a unit, we have to change the way we pay for care. That means moving away from the current piecemeal approach of fee for service and, instead, aligning incentives around the patient's journey rather than provider activity. And there is good evidence for such payment reform in health economics textbooks, but what does this look like in action? And what does it feel like for the patient?

One excellent example of this evidence in action comes from St. Joseph's Healthcare centre in Hamilton, where I once did part of my own medical training. St. Joe's—thanks to the leadership of Kevin Smith and his team—has been a real leader in what is known as 'bundled care'. Well, how exactly? Well, you can ask patients like Ilene, who is here with us today, who knows far better than I do. But to me, it starts with wrapping care around the patient. Instead of having a patient actively seek out every single aspect of her care independently, we can make sure that all of the necessary providers from surgeons, to nurses, physiotherapists and personal support workers are all provided together and paid together as one bundled price to be integral parts of Eileen's full care pathway, from her pre-surgical assessment to the operating room to her home care.

And the results are real: For bundled procedures, like hip and knee replacements, returns to the emergency department after surgery dropped by over 30%. Referrals to rehab went down by over 40%. And there were marked improvements in patient satisfaction. Real innovations in healthcare

funding models such as the St. Joe's experience happen when we adopt an evidence-based approach to patient care so as to prioritize programs and interventions that deliver the highest standards of care.

And that is one of the reasons why we are working with Health Quality Ontario, to be a leader on this front. We need to be better able to measure the outcomes that matter to patients, so how are we doing this? And, perhaps, most importantly, how do patients think we are doing? Knowing the answer to these questions is the only way we can add real value to our system and make maximum use of our healthcare dollars—accessible, connected with patients as the drivers. *This* is how we will build a more efficient and effective healthcare system—a healthcare system that rewards value over volume, one that is capable of adapting as patients' needs change. In the same way, as we evolve to become more accountable to patients, and that must include involving patients at every point in the decision-making process at every level. We also need to take the necessary steps to be more transparent so that patients can make informed choices about their healthcare. Ontarians have a right to know and control, for example, what they are putting into their bodies. By preserving and creating healthier choices for all Ontarians, my colleague associate minister Dipika Damerla will continue to implement Smoke-free Ontario and our Healthy Kids Strategy. We will also work to ensure that calorie postings are front and centre

on menus in Ontario restaurants.

But, in addition to having more control over what they are eating, and the air that they are breathing, Ontarians also have the right to make the best possible decisions when it comes to their own care. That means creating a culture of openness alongside an unwavering commitment to patient privacy because transparency, when used appropriately and responsibly, is one of the greatest tools at our disposal for enhancing performance and patient safety. Today, Ontario hospitals are publically reporting on more quality indicators than ever before. Patients deserve to have access to this information. Quite simply, patients ought to know how their hospital or provider is performing when it comes to their care. And we routinely access this kind of information when we make decisions about which car to buy or where to eat: How is it rated? What were other peoples' experiences? Healthcare should be no different, especially, because the stakes are so much higher.

Putting patients first means ensuring that they have access to the information they need to make decisions around their care. No one should be left in the dark about whether a clinic they are using has been cited for infection control violations or has a higher-than-average complication rate. The default in our health system should be disclosure not discretion. We need to keep asking ourselves *If we were to redesign our healthcare system, what are the things a patient should absolutely know?* How can we harness data

to better protect our patients so that patients not only drive performance but so that all patients are benefitting from the medical advances in our healthcare system. This should be every patient's right, and I am working to ensure that our policies here in Ontario bring us closer to this goal.

Now, you will love hearing this line: As I begin to wrap up because I am sure you are all getting hungry. I want to take a moment to reflect on one of my most important responsibilities as health minister, which is protecting our universal healthcare system for generations to come because it is a system worth upholding and worth defending. Good health is the bedrock on which social progress is built—that was the opening line to Minister Marc Lalonde's trailblazing report, "A New Perspective on the Health of Canadians," over 40 years ago. We have come a long way, but there is still more work to be done because, in the same way that no one should ever lose their home to pay for time spent in an ICU, Ontarians should never be forced to choose between buying food or paying for medication. Ladies and gentlemen, national Pharmacare is a missing link in our universal healthcare system, especially, for Ontario's working core. And so that is why we are working with other provinces and territories to build on the pan-Canadian Pharmaceutical Alliance and working with the federal government.

I am encouraged, as Ontario will be taking a leading role in hosting this initiative. I was not aware how much you

guys wanted to talk about drugs, so the economic rationale is that, by strategically leveraging our combined purchasing power, we can help deliver better health outcomes and generate savings right across our system. The evidence is clear. And it is by coming together as one purchaser, like many of our peer countries do, that we stand to save billions of dollars while also ensuring that Ontarians who need essential drugs have them. We are the only country in the western industrialized world that has universal healthcare but has no national Pharmacare program. And we do not have to choose between bending our cost curve and putting patients first. Both are possible, but it means being willing to challenge the status quo to find ways to better serve patients by strengthening community-based care, improving transparency and accountability, and developing evidence-based models that will tell us whether what we are doing is working. And we cannot be afraid to try new things and diverge from old ways if what we are doing is not working or is not in the patients' best interests.

Now, I know that all of you here today share this passion for making healthcare better, and I am grateful to all of you in this room for the job that you do each and every day. I know that it is not easy; mine, too, is not without its complications. On some days, world peace seems like a more achievable goal. But it is a privilege that I refuse to lose sight of because we have an opportunity here, together, to revolutionize healthcare in this province in ways that will

better serve Ontarians in the months and years ahead.

And so I want to conclude as I started, with a personal note: I often think about Mohammad and the many other healthcare workers and humanitarians whom I have had the privilege of knowing over the years and who were killed while striving to keep their communities safe from violence and harm. It is what drove me to enter politics, to actively contribute to our democracy, to help build a just and fair society. But these experiences have also, perhaps, given me a different perspective on the challenges facing our healthcare sector. None are insurmountable. We all know what is at stake, but this vision will not succeed unless all of you, too, are on board, so let us begin this new action plan, Patients First. Together. It begins today. I sincerely hope you will join me in this effort, and I thank you for being here this afternoon.

Thank you.

President Andrea Wood delivering welcoming remarks to Mayor Naheed Nenshi of Calgary.

President Andrea Wood and Former Premier of Ontario Dalton McGuinty.

Toronto Mayor John Tory signing the iconic Empire Club Guest Book along side President Andrea Wood.

President Andrea Wood with her esteemed head table guests for the "How Google Works" event featuring Eric Schmidt, Jonathan Rosenberg and Amanda Lang.

CIBC President and CEO Victor Dodig, sharing a laugh with President Andrea Wood during their Q&A session.

President Andrea Wood and Ed Clark, TD Bank CEO, with their head table guests.

President Andrea Wood with Canadian politician Greg Sorbara signing the guest book.

CEO of Porter Airlines, Robert Deluce, with President Andrea Wood and their head table guests.

Note of Appreciation by Sean Kelly, Vice President, External Relations and Health Policy, BD Canada

Hi, everybody. I think before we walked in the Minister was asking "What do you think the turn out will be with the weather? Will we be impacted?" and one of the speculation points was 75%. But, clearly, it is a sold-out event, and we knew it was a sold event. I think everybody is here, so, Minister, I think that is a good sign of the commitment, the interest and commitment of the group to understand your vision. So, thank you, for sharing the "Patients First" vision for the action plan for healthcare in Ontario. I know everybody here will do their best to support that.

Thank you.

Concluding Remarks by Andrea Wood

Please, bear with me as we conduct one final piece of business before lunch. I will now present our door prize of a one-year membership to the Empire Club of Canada, and I will draw from business cards without looking. Our winner today is Anika Christie, Manager of Communications for Grosso McCarthy. Congratulations, Anika! Please, see Jehan after.

Before you eat, I would like to thank our generous sponsors, Cardinal Health Canada for sponsoring our event today and BD Canada for sponsoring our VIP reception. I would also like to thank the *National Post* as our print media sponsor.

This meeting will be broadcast on Rogers TV.

You can follow us on Twitter at @Empire_Club and visit us online at www.empireclub.org.

Thank you all for coming. Please, join us again soon, and lunch will now be served. Thank you.