



**The Empire Club Presents**

**THE HONOURABLE ERIC HOSKINS,  
MINISTER OF HEALTH AND LONG-  
TERM CARE**

**WITH**

**ONTARIO'S VISION FOR  
TRANSFORMING HEALTH CARE**

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May 29, 2017

**Welcome Address, by Paul Fogolin, Vice President of  
the Ontario Retirement Communities Association and  
President of the Empire Club of Canada**

Good afternoon, once again, ladies and gentlemen. I hope you all enjoyed your lunch. From the Royal York Hotel

in downtown Toronto, welcome, once again, to the Empire Club of Canada. For those of you just joining us through our podcast or our webcast, welcome, to the lunch.

Before I introduce our distinguished speaker today, it gives me great privilege to introduce our Head Table Guests. I ask that each of the guests stands as I call their name. Anybody who has been to an Empire Club lunch this year knows that I encourage lots of applause for each of our guests. Show them the love.

#### **HEAD TABLE**

##### **Distinguished Guest Speaker:**

The Honorable Eric Hoskins, Ontario Minister of Health and Long-Term Care

##### **Guests:**

Mr. Chris Benedetti, Principal, Sussex Strategy Group; Director, Empire Club of Canada

Mr. Dan Carbin, Principal, Santis Health

Mr. Jason Grier, Principal, Santis Health

Mr. Ilias Iliopoulos, Associate Director, Patient Access Oncology, Merck Canada Inc.

Ms. Linda Knight, CEO, CarePartners; Board Chair, Home Care Ontario

Ms. Susan MacLean, Associate Director, Policy and External Affairs, Merck Canada Inc.

Ms. Lisa Matar, President and General Manager, Eli Lilly Canada Inc.

Ms. Sue VanderBent, CEO, Home Care Ontario; Director, Empire Club of Canada

Once again, my name is Paul Fogolin. In my day job, I am the Vice President of the Ontario Retirement Communities Association and your host for today's lunch, featuring

Dr. Eric Hoskins. Ladies and gentlemen, your Head Table.

Let me paint a picture for you. A family physician provides a two-year-old girl with essential vaccines, allowing her a healthy start to, hopefully, a long life. An 85-year-old man receives assistance with activities of daily living from a PSW, allowing him to enjoy what he loves most. A nurse administers lifesaving transfusion therapy to a mother struggling to fight cancer so that she can continue to work and support her family. Healthcare is more than policy; it is profoundly personal. At the core of it, healthcare is about people. It is thousands of stories of patients, like the ones I just shared, and the many caregivers who dedicate their lives to serving them day in and day out.

Minister Eric Hoskins embraces this person-centred vision of healthcare. His Patients First Plan is designed to deliver one clear health promise: To put people first by improving their access to the system and their outcomes when it comes to healthcare.

I could spend probably 10–15 minutes providing a biography for Dr. Hoskins, both in his public service life and as much volunteer credentials that we are all well aware of. Suffice it to say, I am incredibly honoured that he has joined us today to share his vision for the future of healthcare. Please, join me in providing a resounding welcome for Ontario's Minister of Health and Long Term Care, Dr. Eric Hoskins.

### **The Honourable Dr. Eric Hoskins**

This is a big room full of people. When many of you probably bought your ticket for when I was going to be speaking earlier in the spring—and I know the Empire Club kept your money, which probably made your decision to be here today a little easier—you would not believe when we had to postpone it. There was another big announcement that was happening that day, something to do with hydro. You would not believe the number of calls and emails that I got in the week or so before of people who were absolutely convinced that I had cancelled because I was going to resign. Let us get that off the table or off the stage, and I will get down to it.

Thank you for that introduction. Thank you, as well, to the Empire Club for bringing this incredible audience together this afternoon. In front of me, I am seeing people who have offered me advice, others who have given me tours, showed me new technologies, introduced me to patients and shared valuable knowledge. Collectively, you might be described as representing a system or a sector or, perhaps, institutions. But people do not put their trust in a sector at the most vulnerable moment of their lives. They do not cherish systems when a loved one gets better. Institutions do not make them feel heard because Ontarians cherish their universal public health care because of the caring hands, the kind faces, warm voices, and big hearts of people throughout the system. Ontarians feel relief when a clinician tells them their loved one will be all right. They

feel understood when a care provider hears their story. They remember the face of the nurse or, in my case, two midwives who handed them their child for the first time or the doctor at their side when they told a loved one goodbye for that last time. That is not just a system; that is people caring for each other. That is what we do here in Ontario. Whether you are in the 1% or in the 99%, you are just as entitled to 100% from the Ontario healthcare system.

In Canada and, here, in Ontario, we have acted on a fundamental truth: Healthcare is a human right. Who is entitled to healthcare? Everyone, without payment, without judgment, without exception. Other places still struggle with this. Obama's Affordable Care Act brought the uninsured rate in the United States to a historic low in 2015, yet the number of uninsured Americans under the age of 65 is still 28 million individuals. And with changes recently passed by the House of Representatives, that number, according to the Congressional Budget Office, will increase to 42 million next year—that is more than the entire population of this country—and 52 million by 2026. That represents 19% of the under-65 American population who are uninsured—millions of children and millions more working poor families. This has real, human consequences.

Despite spending nearly twice as much per capita for healthcare, health outcomes in the United States are mixed and generally compare unfavourably to Canada. Compared to Canada, infant mortality is higher in the United

States. Life expectancy is lower. Obesity, more prevalent. Per capita, mortality rates due to heart disease are more than 30% higher in the United States. Mortality due to stroke is higher and chronic disease more prevalent. A recent study by lead author Anne Stephenson of St. Michael's Hospital, here in Toronto, showed that Canadians with cystic fibrosis live ten years longer than Americans with the disease—ten years of life, ten more years with someone you love, ten more years sharing laughter and making memories, ten more years of making a difference in the lives of others just because you are there. Ladies and gentlemen, this speaks, I believe, to the fundamental purpose of universal healthcare. Why do we do it? Why do we do it? Why did we create it? The body you are in, well, until science changes, I suppose, the body you are in is the only one you will ever have to enable your life, your thoughts, your hopes, your love and the contributions you can make to your family, your community and humanity. Our health is everything. That is why universal healthcare must always strive to reach everyone everywhere.

That has been a challenge. The challenge comes from different sources. We are over 13 million, almost 14 million Ontarians. We welcome the world and have a population as diverse as any in the world. We live in beautiful small towns, vibrant urban centres and remote regions. We have an aging population. Pressures on children and young people are so much different today than when many of us

grew up. We see the strains on the system. Even though universal healthcare is the right thing to do, we have not gotten everything right. We have done well, but we are not nearly done yet.

Our government's Patients First Act was created to set the stage for ongoing transformation in universal healthcare. That transformation welcomes and will require strong partnerships throughout the healthcare system, including, particularly, with our primary care providers because, for most people in Ontario, that is where their relationship with our healthcare system starts. We have built a system where the constituent parts are high quality hospitals, primary care and community care, to name a few, but the transitions are not seamless, so the quality of the patient experience can be lacking. We built a system with brilliant, resourceful clinicians and care providers, but we are not making enough use of evidence to share the ideas that promote quality across the system to implement evidence-based change. We have leaders and administrators across this province who know their organizations in their communities extremely well, but they do not or cannot collaborate enough across the system to improve quality for all.

There are many things about our systems of care and models of care that need to change in the future. I know change is happening right now, but something I would never change about our system is the people. Their commitment, compassion and professionalism are the strongest assets we

have. In many ways, the patients-first approach is leveraging the instinctive motivation of clinicians and care providers and administrators to do their very best for the patient. Patient-centred care is the future of universal healthcare because it is the only approach that can meet the diverse and changing needs in our society. It is the only approach that can close the gaps in health outcomes, experienced by different populations, and it is an approach that will deliver better value for money because patients will be more empowered and enabled to manage and maintain their health. This is the most important part for me. Patient-centred care is how we meet universal healthcare's most pressing challenge, improving access to care for all. As I have said, we have collectively built a good system; however, the individual can still find it hard to access care. Too often, patients need to figure out the system themselves in order to get the right care. We need the healthcare system to understand patients' needs to figure out what they need. In fact, we have inherited a universal system where everyone is entitled to care. That is a real gift from previous generations. Our generation has to take universal healthcare to a new level, one where everyone truly has access to care.

There is a difference between entitled and access. Let me share a story that shows the difference between simply being entitled to care versus having true access to care. Earlier this year, we launched the Ehlers-Danlos syndrome—or EDS—Clinic. You will be forgiven for not

knowing what that syndrome entails. We launched that EDS Clinic at the University Health Network in SickKids. At the launch, we heard from a patient, a young woman by the name of Lauren, who talked about her journey in seeking treatment for her rare disease. EDS affects the connective tissue in the body, so she easily dislocates a shoulder or other joints. Lauren talked of how after a few hours at the keyboard, she must literally put her fingers back in place. She did a lot of research to figure out herself what was happening to her. At that time, she was in university and also holding down two jobs. After diagnosis, she was seeing specialists in six different hospitals in three different cities, and she was, of course, taking days off to commute to appointments. She had made herself a binder because she had to bring her information to all those doctors. Inside were clinical notes, test results, medical imaging results and, of course, her own notations. You can imagine that binder got pretty big.

Lauren carried that binder around the GTA to all her appointments. She saw some very brilliant physicians and care providers who gave her excellent care. In the universal system, she was entitled to that and got it, but she had to work pretty hard to access it. At that time, it was on her, the patient, to connect the healthcare providers to each other and to her. As she said, the only thing keeping her from slipping through the cracks was her. Now, she visits the EDS Clinic to see specialists. They have access to all her

history. She is given treatment and information to manage her health. Now, with the Patients First Act, learning from Lauren's experience will be creating other models of care that will help a patient like Lauren connect more easily to specialists, like Lauren does with the EDS Clinic.

Lauren is a very productive, organized, determined and ambitious person. In getting the care that she needs, she is likely to achieve many other things in life. That benefits all of us, but not all patients are as engaged and as proactive as Lauren. They do not carry binders. They might not overcome such barriers, and they should not have to. There is an obligation that comes with universality, and that is to resist complacency in bringing down barriers to access. We cannot ever accept that a model or a practice cannot be changed because that is the system. This is a refrain far too many patients have heard. It is time that changed.

I am thinking of the parent with a child with mental illness or a patient requiring care in a First Nations community who cannot get it and is forced to jump through hoops to access the most basic care that all of us take for granted. My vision for our healthcare system is a system that is responsive to all parts of a person's health, physical health and mental health, two sides of the same coin, no matter where they live or who they are.

We will change models of care and change practices to meet the needs of patients and, wherever possible, ensure that that care is culturally sensitive. We want a system

where repetition is avoided or pathways are streamlined, navigation is simple, and patients always feel like their needs are the top priority. Of course, it is about more than just process. We must invest in improvement, too. Our government has been committed to doing just that, including, in the most recent budget. We know there will always be some limitations on funding. However, we should never put limits on our thinking, creativity and innovation in solving problems of access.

I love that we are a diverse society in Ontario; however, there is one area where I would really like to see more uniformity in our people, and that is in health outcomes. A universal system helps people, regardless of their income, race, culture, gender, orientation, language ability, family status or all of the other characteristics that make up a person. Social determinants of health—housing, marginalization, isolation or mental illness—can gravely impact physical health and mental health. None of these can ever stand as barriers to health and wellness. That, to me, is health equity.

There are so many things you can change to have better health: Nutrition, exercise, your social connections, medications and others, but you cannot and should not have to change who you are. We will change the system and the models of care to serve you. Again, that is patient-centred care. It is the only way to improve health equity and access and fairness.

Ladies and gentlemen, and, at least boy and girl here as well—my son Rhys is 12, and two of his classmates are here today. Our government took a historic step towards greater fairness in universal healthcare with the introduction of Ontario’s Children and Youth Pharmacare program that we are calling OHIP+. Our Children and Youth Pharmacare program will fully cover the cost of prescription drugs for everyone aged 24 and under, regardless of family income. It is the first program of its kind in Canada. Starting January 1<sup>st</sup>, 4 million children and young adults will have access to universal drug coverage. We are just getting started. Those 4 million children and youth get the prescription that will improve their health, the entire drug formulary, over 4,400 medications, including, asthma inhalers, insulin, seizure medications, cancer drugs and drugs for rare diseases. You go with your OHIP number to your local pharmacy to pick it up, free, no co-payment, no annual deductible, no upfront costs, no reimbursements.

As a doctor, I have spent most of my clinical time with refugees, new immigrants and poor working families. In those interactions, I often sense a calculation happening. There is a parent with a child sitting across from you; you are prescribing a drug; and that parent is wondering if they can buy enough food, maybe even pay the rent and still fill their child’s prescription in the same week. We know that at least one in ten families cannot afford that prescription, and it or another pressing family need often goes unfilled. Our

universal system gave that family access to a doctor, but our universal system is not with them anymore when they get to the pharmacy. They will be on their own. As a doctor, you make a calculation, too. You go to that cabinet with the samples. If you are lucky, you might be able to provide a child with access to the drug that they need in that way. Those individual actions are not a system we can rely on. That is goodwill. We should have the collective will to do better.

Thanks to the leadership of Kathleen Wynne, we will. Such leadership is how we got universal healthcare in the first place. Saskatchewan led the way with Tommy Douglas, but it was Lester Pearson who made it a national legacy 50 years ago. It was not easy or even guaranteed. It required real leadership. Many provinces, including Ontario, were not convinced. Federal Health Minister Allan MacEachen, who was shepherding the legislation through parliament, even threatened to resign when Finance Minister Mitchell Sharp suggested it was unaffordable and that it should be delayed indefinitely. Pearson, himself, even told his caucus that they should find another leader should it be delayed for much longer. The result: The single most popular policy any federal government has ever introduced in Canada. Tommy Douglas, Allan MacEachen, Lester Pearson showed that universal healthcare was possible, that it was affordable, workable and worthwhile. But it is also worth noting that Saskatchewan operated their system

without any federal funding from 1962 to 1968. That lone provincial initiative eventually led to national change. I believe that Ontario will show that national pharmacare is possible, that it is affordable, workable and worthwhile.

Canada is the only industrialized country with universal health insurance but no national pharmacare strategy. I am confident that the conversation on national pharmacare will continue. We need our federal partners to join us, just like Tommy Douglas needed Lester Pearson to realize a national legacy and dream. What is most encouraging is that we are continuing to build on universal healthcare. Here, in Ontario, that work of building will most definitely continue, driven by the Patients First Act and other initiatives.

One further example, and you will be happy to know it is my last, is digital health. Digital health and technology can make the care journey that much more patient-centred. The universal system we have was set up when people used rotary phones. Doctors had answering services, and your health information—unfortunately, it still is in some cases—was in a filing cabinet. That era has left a lasting impression on some of the ways that we do things, but we are in a new era. We need today's technology to start making its impression on how we deliver patient-centred care.

In our lives today, smartphones and online devices make transactions quicker and easier. I think we all know that person who gets their Christmas shopping done on a November morning while they sip a coffee in front of a lap-

top. Accessing healthcare is so much harder compared to that experience. In fact, navigating the health system sometimes feels like a trip to the mall on December the 23<sup>rd</sup>. At a very basic level, putting the patient first means keeping up with the patient's life, and this goes beyond simple convenience. It can be life-changing for the person with a complex or chronic condition who can live at home instead of living out their life in an institution. That is another element of universality that we cannot forget. A universal system helps every patient live their best possible life.

Digital health is one enabler, and an important one, that will give this imperative a real boost. For many decades, we have kept patients in hospitals because they need to be monitored. Connection could only reach from the room to the nurses' station. Of course, that is still needed in serious cases or where there are real issues with going home. However, today, that connection from patient to clinician can stretch all the way to the home, and it is what many patients want. Digital services can make it possible. Patients feel less alone, more confident, safe, and fully supported. For example, patients with chronic obstructive pulmonary disease, or COPD, can have vital signs measured remotely at home with a healthcare provider notified when readings change. Other technologies can monitor whether a patient is getting out of a bed at home or turning on a tap. That is something a nurse on a ward would notice in a hospital. Sensors can do that in the home. Calls or visits can



be made to follow up.

Digital health services can also transform access to care for people who face challenges of distance or mobility. This means human resources in one part of Ontario can be helping patients in other parts of the province. FaceTime, for example, allows Ontario patients to see doctors and nurse practitioners far beyond their own community. That is just one tool.

This past year, the Ontario Telemedicine Network facilitated almost three quarters of a million patient clinical encounters in this province. That has led to over 284 million kilometres in avoided patient travel. That is universal healthcare at work because we are using everything we have to the fullest: Online booking to see your doctor; online interactions with healthcare providers; e-prescriptions because nobody can read doctors' handwriting, anyway; e-referrals to streamline and shorten wait times; e-consults to speed the pace of referral while maximizing convenience for both the patient and the provider.

Digital also supports patient empowerment. Consumer-facing digital healthcare is, perhaps, one of the greatest tools for patient empowerment. Access to our digital health file makes us active participants in our healthcare journey, and it drives and demands system improvement.

Online health information and indicators can help people make informed choices on their lifestyle; data on wait times and local services can help them make decisions

on how best to access care; and data on performance drives improvement. It is not about shaming and blaming. It is about learning. What are those providers doing over there that we could do here?

The Patients First Act calls for planning and new investments to be based on local population health needs, and it reinforces that evidence-based decision-making must be accompanied by transparency. Everyone impacted by those decisions should be able to see the evidence that informed them.

In closing, let me put the transformation imperative this way: As a physician, I feel a moral responsibility to use everything I have and apply everything I know to help a patient. As the Minister of Health, I feel the same obligation. We are transforming the healthcare system so that Ontario uses everything it now has and everything we now know, so the patient has a better experience and a better result. We need to keep finding our own way when it comes to building on universal healthcare. That is clear. It transformed Canada and Ontario. It sustains us. It defines us. It binds us. It has made us a more cohesive society. In doing so, it makes us more successful as a people. Success and education, the economy, the environment, science, the arts and all other fields of endeavour have a common enabler: People who are as healthy as possible. It is kind of our provincial and national mission. Some places have a shared dream. Some peoples have a founding myth. We have chosen to pursue

a worthwhile reality: Universality in healthcare. Some, many, perhaps, might say that is a little boring. Absolutely, but I will take that because we are facing, together, head on, the real tough struggles in life.

Universal healthcare means a young mother with a feverish baby on a Saturday night has somewhere to go or someone to call. If that fever is a symptom of something more serious, a doctor or other health provider will intervene early, and the requisite supports will be provided so that child's life can be defined by achievements and not by an illness or disease. By middle age, if that mom worked too hard and stressed a bit too much and does not feel quite right, she gets the necessary care or wellness plan. Universal health care will help her in her senior years to stay mobile and to stay healthy. While that child is pursuing her or his dreams, mom and her spouse will live life to the fullest still. When that elderly woman sees her spouse, friends or relatives pass on, she is not alone. She contributed to a community throughout life, and that community will be with her, providing compassionate care until the end of her life because universal care meets the universal needs that we all share.

We want to be as healthy as we possibly can be. We want those we love to be well cared for. We want our body to allow us to give our best, whatever that might be. We want to walk in the sun as much as possible for as long as possible. That is something we do for each other in Ontario.

That is an obligation that we chose, and that is a mission that we are still on. It is called universal healthcare. It goes with us through life. It seeks out everyone but only because all of us will keep striving until it is available equitably everywhere.

We know there are goals still to be reached. There is a patient-centred universal healthcare system we are all going to build, and it will unlock even more of Ontario's limitless potential. Thank you.

### **Note of Appreciation, by Sue VanderBent, CEO, Home Care Ontario and Director, Empire Club of Canada**

Hi, everyone. Well, Mr. Hoskins, on behalf of the board of the Empire Club and my board and our sponsors and everyone here today, it is a great honour to thank you for speaking to us this afternoon. Thank you for giving us such a broad overview of your vision for Patients First and, really, for the entire healthcare system. And, I think it spanned even broader than that into the whole universality of healthcare.

I think we can see your passion as you talked about the need for better transitions, the need for more evidence-based care and policies, the need to make major technological changes now that take us into the 21<sup>st</sup> century and that will make a big difference in terms of care right across the continuum of care.

I think all of us, as clinicians and healthcare leaders, want to support this vision and the importance of valuing every part of the healthcare system because it is all important, and it is about how we interface everyone to work and give their best.

Finally, thank you, sincerely, on behalf of the board of the Empire Club and all of us here today for your leadership, for your humanity and, most of all, for your passion to get this right. Thank you.

### **Concluding Remarks, by Paul Fogolin**

I want to make sure that you can all get outside and enjoy the sun that the Minister referenced in his speech, so I will keep my closing remarks very brief. A sincere thank you to our sponsors. The Empire Club is a not-for-profit club, and we simply could not host exciting lunches like this without our sponsors. Thank you, once again, to our lead sponsor, Home Care Ontario, but also to our supporting sponsors, Eli Lilly, Merck and Santis Health. Please, join me in a round of applause.

I would also like to thank the *National Post*, as our print media sponsor and mediaevents.ca, our online broadcasting partner, for live webcasting this to thousands around the world. Although our club has been around since 1903, we have moved into the 21<sup>st</sup> century, and are active on social media. Please, follow us at @Empire\_Club on Twitter. We also have Snapchat, Instagram and LinkedIn accounts. I do not use Snapchat, but we have one. I am told it is great.

Finally, we have a few very upcoming lunches, particularly, tomorrow. At One King West, we are doing a lunch about reconciliation on Bay Street where our First Nations and our business community are coming together to have an important conversation. Please, join us there if you can. On June 5<sup>th</sup>, we have the Honourable Dominique Anglade, Québec's Minister of Economy, Science and Innovation. That is also at One King West. Finally, on June the

13<sup>th</sup>, we will have a panel discussion, “The Evolution of the Real Estate Industry: Diversity, Culture and Workplace,” which should also be a very exciting lunch.

Thank you very much for attending today. Have a wonderful afternoon, and thanks for supporting the Empire Club of Canada.