

TIME FOR AN ADULT CONVERSATION ABOUT HEALTH-CARE REFORM

Pundits on all sides of the debate about health-care reform in Ontario tend to speak in absolutes. The system is broken and we will fix it, says Doug Ford. The government plans to privatize large chunks of the system and that's absolutely wrong says NDP Leader Andrea Horwath. Health-care unions warn of absolute disaster. Health Minister Christine Elliott is on the record promising, absolutely, that no "Ontarians will fall through the cracks" of the reformed system.

Why this absolutism, this refusal to acknowledge shades of grey? It's because the discussion and debate has become so politicized, there's no room for anything other than black or white.

But the truth is, as anyone with even a basic knowledge of the system knows very well, speaking in absolutes risks simplistic solutions to complex problems.

The reality is more like this: The system isn't broken. It works remarkably well for thousands of Ontarians every day. But, from a financial and infrastructure perspective, it is not sustainable. Health care is only beginning to feel the weight of an aging population, and already cracks and fissures are causing problems for too many health-care consumers as well as the people who work in the system.

We would agree with Horwath and other critics who worry about the extent to which the Ford government's free market leanings will drive reform down a road toward two-tier health care. We're already seeing signs of centralization - the province's planned "super agency" to oversee most aspects of the system, including primary and hospital care, is just one example.

But let's keep this in mind, too. The previous Liberal government had 15 years to make measurable progress in major health-care challenges - hospital overcrowding, inadequate community-based care and insufficient long-term care infrastructure are examples - and while it had some success, we're far from there yet.

We need to see what the current government's solutions look like, and we should not get bogged down in partisan hyperbole. Let's take privatization, for example.

The NDP and others insist more privatization will be the end of universal health care. But the reality is significant aspects of the system are already private and, in some cases, are working as well or better than the public aspects of the system. Have you used a lab for blood or other testing? Chances are it was private. Your dental work? Physiotherapy? Some ultrasound testing?

The truth is that complete public universality hasn't been the reality for many years now. That doesn't mean we should endorse radical privatization *holus bolus*. But nor does it mean the private sector cannot be an important, perhaps the most important, partner in reform.

Consider the example of a fully-integrated, secure, real-time online system for medical record portability. The Liberals largely failed at this. Is it so hard to envision private sector innovation and agility being key ingredients to finally getting a system we should have had years ago?

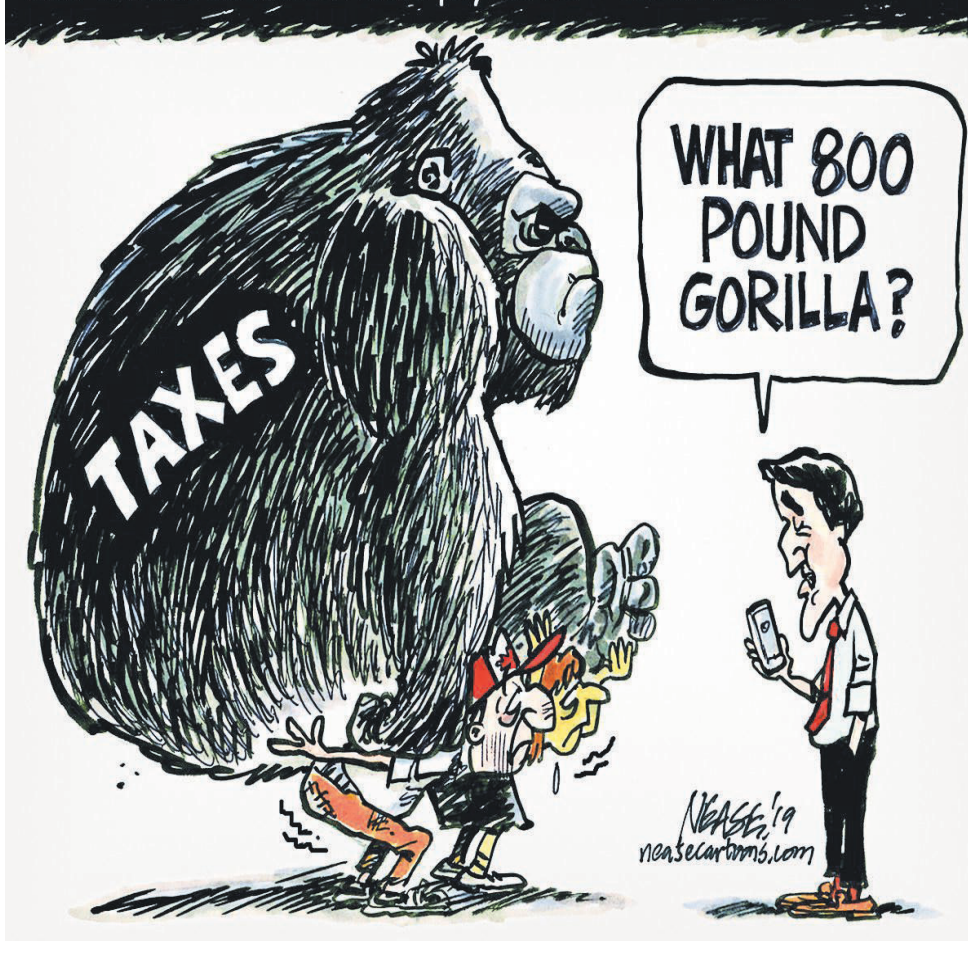
Here's an absolute: Reforming health care breeds anxiety. It's that important. The opposition and media, but especially citizens, have a crucial role to play as the government rolls out its plans.

One thing we know for sure about the Ford government is that while it doesn't always listen, it sometimes does - think about successive attempts to open the Greenbelt for development stymied by solid public opposition.

We have to remain alert, to listen, set aside preconceived and partisan notions. What other choice is there?

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INITIAL PREMIER'S COUNCIL HEALTH CARE REPORT UPSETTING

WE NEED TO WORK SMARTER, WRITES DR. ALAM



NADIA ALAM
Column

Ontario's health-care system needs an overhaul - so says anyone who's waited hours in their local emergency department or waited months to see a specialist or who can't find a family doctor.

On Jan. 31, the Premier's Council on Improving Health Care and Ending Hallway Medicine released its first report. The snapshot it gave of the health-care system was upsetting. On average:

- 1,000 patients receive medical care in the hallways and unconventional spaces of hospitals across Ontario - each day.
- Patients are waiting 16 hours in the emergency department.
- Patients are waiting 146 days to enter a nursing

home.

• Patients are waiting six days for home care.

It's not that we aren't working hard. I see doctors, nurses and allied health working harder than ever before. But we need to work smarter.

The Premier's Council is charged with finding answers to transform the system. This is only the first report so it is light on details. But it is a first step toward a health-care system that provides the right care for the right person at the right time.

With a properly integrated system, all the necessary pieces come together in a continuum of care to help the patient and their family when someone falls ill. What we have now is a series of one-offs with different front line providers and long waits in-between.

The report committed to expanding and integrating digital health networks. Doctors like me invest in digital medical records to manage patient records. Some are even able to hold virtual visits to improve access for people who live in

rural, northern or under-served communities. But we're not yet at the point where computer systems in one office, hospital or care setting can easily talk to another. So patients find themselves acting as messengers between providers in different care settings.

If we work smarter, I believe that we can find efficiencies - especially if the system works as a whole rather than in pieces. Any savings realized from these efforts really should be re-invested back into the front line services that patients desperately need.

But we need to get this right. At the end of the day, any suggested changes to the health care system has to work in the real world of your doctor's office and your local hospital. The input of physicians, nurses and other allied health will be critical to the success of this transformation effort.

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