BUILDING ONTARIO'S NEW FOUNDATIONS

THE HEALTH CARE CHALLENGE

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Ontario Progressive Conservative Party
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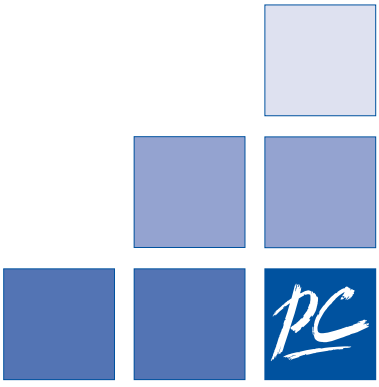


Introduction

Ontario, like every other province across Canada, must address its evolving health care needs in the context of its aging and growing population, new and costly technology and drugs, a shortage of health care professionals such as doctors and nurses, shrinking available public resources and an increasingly educated population that continues to have higher expectations. At the root of this need for change lie a host of issues including:

- Public perception that the health care system is not able to meet their expectations of timely access to care;
- Threats to the affordability and long-term sustainability of the system; and
- An accountability gap

While there is no consensus on how or even what needs to be done in order to remedy the system's ills, there is virtually unanimous agreement that in the absence of system reform, the long-term sustainability of health care as we know is in serious jeopardy.

In recognition of the fact that the sustainability of the health care system is in jeopardy, Ontarians are now beginning to join others, such as Roy Romanow and Michael Kirby, in the debate on what the future of Ontario's health care system will look like in the years ahead. Even the Supreme Court of Canada has stepped into the debate with the recent Chaouilli decision in Quebec that said, if the public system cannot provide the care it promises to deliver, then the government must allow people to seek that care on their own. Thus, it is important to consider new and innovative ways to manage the system and deliver services.

There is no simple, single answer to addressing the problems facing Ontario's health care system. We must develop a long-term vision for our health care system and determine what resources are needed and what services we want it to deliver. We will then need to transform this vision into a plan that puts Ontarians at the heart of health care, while recognizing that our financial resources are limited and must be spent wisely.

In this discussion paper, you will find some issues that require action. They are by no means an exhaustive list, but they are a good place to start to develop a long-term vision and plan for health care that puts people first.

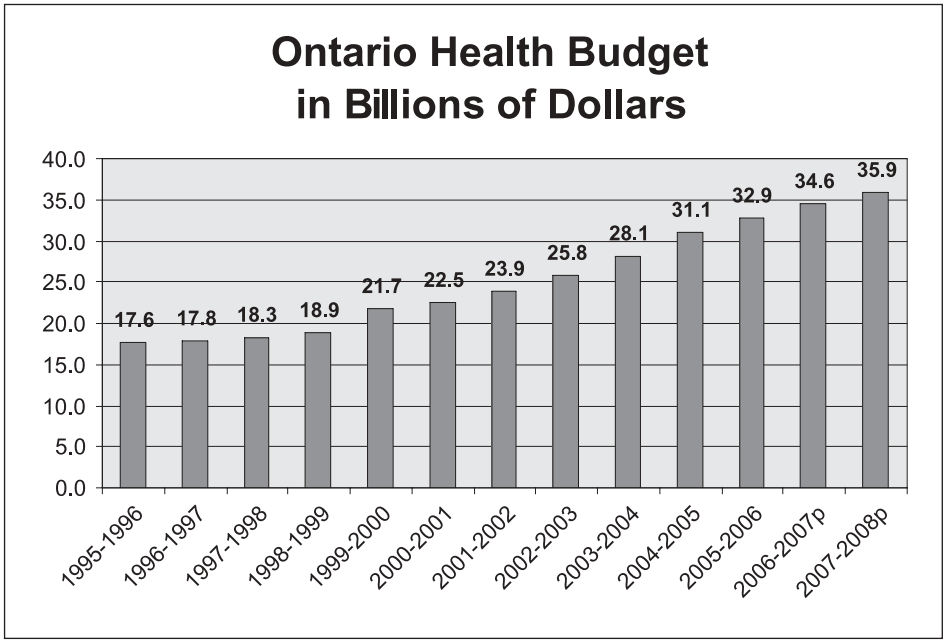
The funding and population challenge

Two of the biggest challenges facing our health system are rapidly growing health care costs and the growing and aging population.

With the rising cost of health care and the growing and aging population, fiscal stability is a major concern. It is time for the public, providers and elected officials to engage in a real, open and sustained dialogue on the future of health care. While we support a universally accessible health care system, we need creative and innovative thinking as we debate and discuss all financing and delivery options of health care services. This could include further involvement in health care by private sector providers when they can provide better service at the same cost or the same service at a lower cost.

" Too often in politics, what we cherish most we inadvertidly destroy by believing that protecting something means freezing it in time, when in fact protecting may require dramatic action."

—Janice McKinnon
former Minister of Finance
Saskatchewan



The funding challenge

In 2005-2006, the Government of Ontario will spend $33 billion on health care. This amounts to 41% of the entire provincial budget. By the government's own calculations, by 2010, the health budget in

Ontario will account for 50% of all provincial spending. According to the Fraser Institute, health care spending in Ontario could reach two-thirds of the budget by 2017 and 100% by the end of 2026. These numbers are staggering and clearly not sustainable.

By the government's own calculations, by 2010, the health budget in Ontario will account for 50% of all provincial spending.

The population challenge

The other challenge facing our health system is our rapidly growing and aging population. As a growing number of Ontarians come to rely increasingly on health care services well into their advanced years, governments will continue to be challenged by the public's appetite for accessible and affordable health services.

Ontario's own Ministry of Finance places Ontario's population in November 2004 at 12.39 million people. By 2031, the population of Ontario is projected to grow by over 32% to over 16 million. When you factor in this growth in the population along with the aging elements of the population, the number of people accessing the health care system will increase proportionately.

By 2031, the population of Ontario is projected to grow by over 32% to over 16 million.

In particular, the population of those aged 65 and over will more than double from 12.8% of the population in 2004 to 22.2% in 2031. Similarly, those aged 75 and over will also double from 5.9% of the population in 2004 to 10.1% in 2031.

Health human resource shortages

We are facing a shortage of health professionals that includes: pharmacists, medical technologists, radiologists, nuclear technicians, anesthetists, and, of course, family doctors and nurses to name but a few.

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Doctors

Each day Ontarians experience the frustration of not being able to find a family doctor or having to wait weeks or even months to see a specialist. It is now estimated that 1.2 million Ontarians are without a family doctor – 10% of the population. Of the approximately 21,500 doctors in Ontario, an Ontario Medical Association (OMA)

survey in 2004 suggested that 2,500 doctors could retire within the next two years.

It is now estimated that 1.2 million Ontarians are without a family doctor – 10% of the population.

To make matters worse, the College of Family Physicians says that 57% of family doctors will be over 65 years of age within the next 9 years, which will make accessing a family doctor even more difficult.

The OMA predicts that the shortage of doctors will have grown from 2,100 to over 2,800 by 2010.

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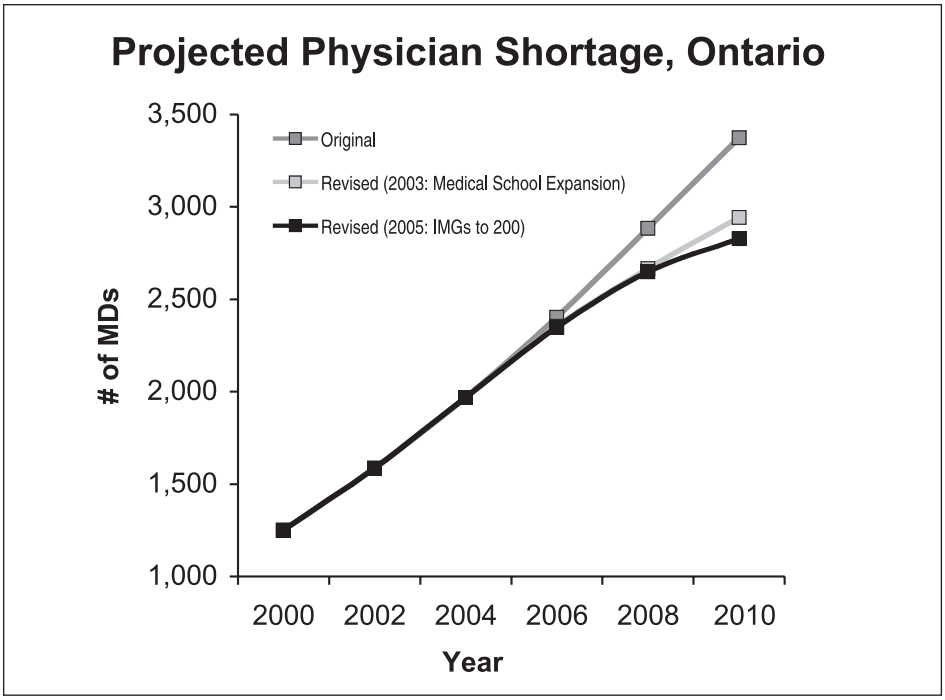

Year	Original Shortage (2002)	Revised Shortage (2003)	Revised Shortage (2005)
2000	1,249	1,249	1,249
2002	1,585	1,585	1,585
2004	1,968	1,968	1,968
2006	2,402	2,353	2,347
2008	2,883	2,665	2,648
2010	3,374	2,943	2,828

This shortage of doctors is even more severe in small and rural communities. A comparison of data from the Ministry of Health's own web site shows that between 2003 and 2005, the number of communities in Ontario considered under serviced has increased from 126 to 139 and that number has continued to rise to 142, according to the OMA. Likewise, the number of physicians required for patients in these communities has increased from 592 to 795.

Since 2003 the number of under serviced communities in Ontario has increased from 126 to 142.

Making matters worse, is the fact that not enough medical graduates are entering family medicine.

According to the OMA report, *The Ontario Physician Shortage* 2005, waiting lists for specialty care and diagnostics continue to grow while the number of physicians working in specialties such as diagnostic services, oncology, orthopedics, and ophthalmology is declining. This problem is compounded when one considers the fact that it is anticipated that physician retirements will outstrip the number of new physicians.

Some immediate solutions exist to address the shortage of physicians. According to the College of Physicians and Surgeons of Ontario report, *Tackling the Physicians Shortage*, Ontario has hundreds of physicians who have immigrated to Ontario and have a medical degree from a school outside of Canada and the United States but are not able to practice medicine here. In addition, it is estimated that approximately 200 Ontarians who have trained abroad graduate annually from medical schools outside of Canada.

"The year 2005 finds the province in the midst of a deeping physician resources crisis."

—The Ontario Medical Association 2005.

One solution to increase the number of doctors in the province is to expedite the process of approval for international medical graduates to practice in Ontario. For example, the College's report recommends that access to additional assessment and training opportunities should be provided to expedite the process.

Another solution is to eliminate the barriers for Canadian citizens who have trained abroad as doctors and increase the number of residency positions. For example, according to the Canadian Irish

Medical Students Association, Canadians who are trained abroad can enter the first round of residency matching in the U.S., but have to wait until the second round in Canada. Furthermore, we need to facilitate the entry into practice and increase the capacity for medical graduates with international academic credentials.

> *The Canadian Irish Medical Students Association, representing Canadians studying medicine in Ireland, carried out a survey showing that 87% of the 204 students surveyed would like to return to Canada, and are frustrated that it is easier to obtain residencies in the U.S.*
>
> *"Med students forced abroad: Canadians unable to find schooling at home may never return."*
>
> *—The Windsor Star, December 2005*

According to the 2005 OMA study, we also need to make it easier for doctors from other provinces to work in Ontario and for more than the 10,000 Canadian-trained physicians working in the United States to return and work here.

Ontario can also graduate more doctors by increasing the number of medical school and residency positions.

It is obvious that the shortage of physicians must immediately be addressed if we are to meet the needs of an aging and growing population.

We can also expand the number of primary care services provided by other health professionals such as nurses, dieticians and pharmacists to ensure timely access to primary care.

Nurses

We also face a nursing shortage. According to the Registered Nurses Association of Ontario (RNAO), the rate of new Registered Nurses (RNs) working in Ontario today is not even keeping pace with the province's population growth.

The RNAO predicts that by 2011, Ontario will need to recruit somewhere between 60,000 to 90,000 new nurses just to meet the demand. Given current recruiting trends, Ontario will only be able to recruit at best 40,000 to 50,000. This means Ontario will be short at least 10,000 nurses by 2011. We also know that more than 40,000 RNs are expected to retire by 2015.

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It was our government which passed legislation establishing the new role of Nurse Practitioners. Nurse practitioners (NPs) are expert nurses with additional education and skills that enable them to provide front line health care.

Currently, in northern communities such as North Bay and Sudbury NPs practice along side physicians and other health care professionals in a variety of settings including community health centres, under-serviced program areas, long-term care facilities, aboriginal health access centres, primary care networks, and public health units. We need to build and expand on this multi-disciplinary approach that was successfully introduced by our government.

According to the College of Nurses of Ontario, there are over 32,000 Registered Practical Nurses (RPNs), over 25,000 of whom are employed in acute care facilities, long-term care homes, community care and in other settings. However, according to the Registered Practical Nurses Association of Ontario, despite extensive training and education, RPNs are not being utilized to their full potential.

Engaging RNs, NPs and RPNs fully and ensuring that each member of the health care team is performing to the maximum scope of practice will enable the health care system to operate more effectively and efficiently.

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We must also develop a recruitment and retention strategy that keeps our nurses in Ontario and in the profession. This includes a safe, collaborative and supportive work environment as well as accessibility to ongoing education to reflect the need for life long learning for this rapidly changing profession.

For instance, a retention strategy could include a program with incentives to attract Ontario's nursing graduates who have left the province and are practicing elsewhere, to return home. Today, nurses who choose to return home from other provinces or the US do not receive credit for their work done outside the province. This situation should be rectified, and nurses given credit for this non-Ontario experience. This would help us attract Ontario nurses practicing out of province.

…in Ontario, 1 in 5 radiologists is currently over the age of 60 and nearing retirement…it takes 10 years to train a radiologist and 4 years to train a technologist.

In addition to allowing for a transfer of service years back to Ontario, a program could be created that would allow nurses to buy into the Ontario pension. A nurse leaving the United States or some other jurisdiction could cash out their 401(k) and then invest that money into the pension in Ontario.

In order to help both recruit young people into nursing and help ease the nursing shortage in under serviced areas of the north and rural communities, help could be provided for nursing tuition fees. A tuition program created by the previous PC government and since abolished by the McGuinty Liberals could be re-established. One year of service in an under serviced area would earn a nursing graduate a rebate on one year's tuition for nursing school. This could gain up to four years of guaranteed service in the north for instance. After four years of practicing in an area, nursing professionals may establish roots in the community and hopefully stay.

Other health professionals

Aside from doctors and nurses, other health professions are also experiencing major shortages. Personnel shortages in the diagnostic areas of health care are reaching critical levels. Radiologists and technicians who operate our CT and MRI scanners are in short supply. For example, in Ontario, 1 in 5 radiologists is currently over the age of 60 and nearing retirement. This situation is further exacerbated by the fact that it takes 10 years to train a radiologist

and 4 years to train a technologist. Enrolment in programs to train new generations of radiologists and technologists are not keeping up with the demand.

We need a long term human resources plan to meet the needs of our growing and aging population, but any program should begin by offering health care professionals the appropriate encouragement to stay at work.

Hospitals

Our growing and aging population, new technology and innovation requires the building of modern hospitals and renovation of existing ones. Our government introduced an innovative financing method which allowed the government to partner with the private sector to build modern, publicly accessible hospitals more quickly. Although the McGuinty Liberals did not initially support this financing method, they have now embraced and adopted it.

Capital investments

The Ontario Hospital Association (OHA) released a survey in 2004 which found that over a three-year period that Ontario's hospitals required some $8.4 billion just to modernize existing facilities and update equipment to address an increased demand for health services.

However, it was also estimated in 2002, that the total replacement value for hospital facilities was between $15 and $16 billion with major equipment and other assets needs believed to be in the range of $5 to $6 billion for that year alone. These numbers are staggering. The OHA has even suggested the numbers given may be low considering inflation and increased construction costs. This supports the need to partner with the private sector to build modern publicly accessible hospitals quickly to meet the demands of Ontarians.

Operating needs

An important element in addressing the health care needs of Ontarians also includes the need to ensure hospitals have the resources necessary to meet the demands of the population. The McGuinty Liberal government has forced hospitals to lay off health care workers including nurses and cut patient services and resources in order to balance their budgets.

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This has contributed to over-crowding and growing wait times in emergency rooms because there are not enough nurses or beds.

The Ontario Orthopaedic Association cited that the primary reason Ontario cannot recruit and retain orthopaedic surgeons is the inadequate provision of resources in hospitals, including anesthetists and operating room time, to allow surgeons to provide care to patients.

Insufficient operating funding will mean that hospitals cannot meet existing patient care needs or reduce wait times.

We need to recognize that there are funding inequities within the funding formula and we need to review this formula. Our hospitals must also have stable long-term and predictable funding so that they can plan and manage effectively.

Community care

Over the years there has been a shift from facility-based care to community-based care and this shift has been accompanied by increasing costs in community care.

Long-term care

Our government added 20,000 new long-term care beds and this was the largest investment ever in the history of the province. As our population ages, there is an ongoing need for a capital renewal program that includes new beds and the modernization of older facilities. This would not only respond to the needs of our growing

population but also allow for more homes to provide a variety of services such as convalescent beds to lessen the pressure on hospitals. We also need to recognize the increased acuity of residents and adjust the levels of service and staffing accordingly so that the residents can live in dignity and have the highest possible quality of life.

Home care

Home care benefits seniors who prefer to live at home, those recovering from hospital treatment and people with physical and mental disabilities.

In Ontario, publicly funded home care services are coordinated by Community Care Access Centres (CCACs) which are publicly funded agencies that provide information about care options.

We need to ensure that people can receive support as close to home as possible, and in their homes whenever possible.

While home and community services enhance quality of life, are cost-effective and prevent unnecessary hospitalization and ER admissions, there is increasing pressure for additional resources due to a continued movement from facility-based care to home and community-based care, an aging population and growing human resource pressures.

We need to ensure that people can receive support as close to home as possible, and in their homes whenever possible. This will help people stay out of hospitals and also provide them with frontline preventative care.

A program like the Essex County OPP's Project Lifesaver is one way in which technology can be used to help people with various medical conditions stay at home longer. With Project Lifesaver people, such as adults with Alzheimer's and other diseases or children with autism or Downs Syndrome, who are at risk of wandering away from their homes, are provided with radio transmitters the size of a wristwatch. In the event that an individual should go missing a constant radio signal is sent to the police who

are able to respond immediately. The average time it takes to locate a lost individual under this program is 30 minutes. This program could be expanded and enhanced to work for individuals with other medical conditions as well.

Technology

Technology plays an important role in the delivery of health care in Ontario. This includes MRI and CT scanners, ultrasound and x-ray machines. The Ontario Association of Radiologists (OAR) suggests that 50 per cent of all radiology equipment in Ontario is outdated. It is expected that the cost to replace all of this equipment and bring it up-to-date would cost $760 million.

…the average wait time for an MRI scan has increased by 15% to 11.5 weeks in 2005 compared to 10 weeks in 2003.

Ontario has growing wait-lists for diagnostic imaging. According to the Fraser Institute Report, *Waiting Your Turn*, the average wait time for an MRI scan has increased by 15% to 11.5 weeks in 2005 compared to 10 weeks in 2003.

The Positron Emission Tomography (PET) scanner is an example of a new generation of diagnostic technology that allows doctors to detect and evaluate different types of cancer or examine brain functions, blood flow or heart disease related matters just to name a few. Only BC, Alberta and Quebec reimburse for the cost of PET scanning. PET scans are currently not insured by OHIP. According to the Canadian Medical Association Journal, Ontario doctors often send their patients to the United States for these important medical scans at a cost of about $4600 per patient or Ontarians can purchase this service from a private clinic in Mississauga. A decision must be made about the financing of new diagnostic technology such as PET scanners.

Electronic health records are an essential building block for a modernized, more integrated health care system.

Ontario should be rapidly moving towards an electronic patient record information management system. Electronic health records are an essential building block for a modernized, more integrated health care system. They give health providers rapid access to the medical records of their patients, including physician visits, hospital

stays, prescription drugs and laboratory tests, while safeguarding patient privacy. An electronic health record would provide individuals with a secure, private lifetime record of their health history and care within the system. Further, electronic health records would allow for more timely access to care by reducing wait times and transferring information across large distances.

In B.C., PharmaNet, a system that links all pharmacy records, has led to a sharp reduction in medication errors because it makes it easier to avoid dangerous drug interactions and to flag patients' allergies. It has also cut down on prescription drug fraud.

The Alberta Electronic Health Record was implemented in 2004. It stores pertinent clinical patient information on-line that links physicians, pharmacists, hospitals, home care and other providers by computer.

The McGuinty Liberal's lack of action on e-health

Smart Systems for Health is the provincial agency responsible for implementing Ontario's electronic health record program. It has spent over $260M in three and half years and has been the target of critics across the province for its cost to taxpayers with little to show in the way of results. McGuinty's Minister of Health has recently announced yet another round of new appointments to the agency designed as he said to "breath new life" into the system.

Ontario is falling behind with respect to e-technology and health care.

With delays of this sort, Ontario is falling behind with respect to e-technology and health care. Properly planned and administered, an electronic health record would allow patients and health care providers to operate more efficiently and reduce unnecessary errors and complications that could have adverse impacts on patient's health. A number of Ontario hospitals have begun moving in this direction including the University Health Network which has eliminated most written requisitions for medical tests. There does not appear however, to be any sort of coordinated program of this type at the province-wide level.

Mental health

Mental illness and addiction are a growing problem. According to the Canadian Mental Health Association, in Ontario:

- One in five Ontarians will experience mental illness in their lifetime. The remaining four will have a friend, family member or colleague who does.
- Since 1994, depressive disorders have grown 100% as a percentage of short term and long term disability claims.
- Over the next 20 years, Harvard University and the World Bank foresee depression becoming the leading source of workdays lost through disability and premature death.
- Canada has the youngest average onset for addiction disorders among countries surveyed by the World Health Organization.

…mental health and addiction services must be integrated into the broader health care system.

The economic burden of mental illness in Ontario is enormous. Absenteeism in the workplace results in billions of lost revenue to Ontario businesses each year. A 2003 Statistics Canada *Labour Force Survey* found that an average 8.4 days are missed each year for full-time employees in Ontario (up from 7.1 days in 2000). There is a need to initiate a public education and awareness campaign on mental health issues in the workplace and develop an Ontario workplace mental health strategy.

To respond to this growing health problem, mental health and addiction services must be integrated into the broader health care system. A continuum of services and supports from community-based to hospital care must be available. This includes access to safe and secure supportive housing and further investment into programs, which reduce criminalization.

One example of a successful mental health program is Hamilton Health Sciences' Adult Mental Health and Addictions Program, which provides inpatient and outpatient psychiatric and addictions assessment, treatment, diagnosis and follow up to adults and adolescents. There are 50 inpatients beds, including a 28 bed-

teaching unit. Consultation services are provided at all sites of Hamilton Health Sciences. Outpatient clinics offer services for people with anxiety disorders, psychosis and general psychiatric illness. A bridging nurse will see patients upon discharge until they enter a community program for ongoing care. Addiction services are offered through the Men's Withdrawal Management Centre, a 20 bed residential facility.

The Adult Mental Health and Addictions team at Hamilton Health Sciences includes psychiatrists, registered nurses, registered practical nurses, physiotherapists, occupational therapists, dietitians, pharmacists, social workers, psychologists, chaplaincy, therapeutic recreationists as well as support staff and volunteers.

Research shows successful integration of mental health services reduces hospitalizations and health costs and improves the quality of life for those suffering a mental disorder.

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Children's health

One area of health care that has been repeatedly over looked and neglected by both the federal and provincial government is children's health. Given our focus on the needs of our aging population, we need to remember that the state of paediatric care will determine the sustainability of the whole health care system. For a child, access to care at a point in their lives where they are growing and developing could make a significant impact on their long-term health. Failure to provide the necessary care in childhood creates an adult patient with complex needs within the health care system. One of the key differences between children and adults is that quite often children are born with illnesses while adults develop diseases throughout their lives.

One example where the health care system is failing children is the provincial wait time strategy. According to a speech delivered by Mary Jo Haddad, CEO, Hospital for Sick Kids, in May 2005, a child in the GTA now has to wait six weeks for a CT scan with a general anaesthetic, and 11 weeks for an MRI with a general anaesthetic.

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These wait times would simply be unacceptable for anyone, but for an infant, toddler or child who is growing and developing, these wait times pose a serious threat.

We must balance our attention on both the aging population and our young and growing children. By recognizing the children's health care system as a different kind of system that has different cost drivers and requires different resources than adult centres, and that it has to be funded and judged accordingly. A robust children's system also needs to ensure care not only from family practitioners but also general paediatricians. Finally, we must continue to build on the research on children's health and teach health care professionals how to address the needs of children.

If we are to best meet the needs of children perhaps we should consider the establishment of a provincial body or children's network (similar to Cancer Care Ontario or the Cardiac Care Network) that would specifically monitor and address the health needs of our children. We also need to consider what role, if any, should the Ministry of Children and Youth Services play in health delivery.

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Keeping Ontarians healthy

Chronic disease management

Ontario, like other places in the world, is seeing increased rates of incidence of chronic diseases. Chronic diseases include diabetes, asthma, arthritis, kidney disease, heart disease, emphysema, pulmonary disease and dementia. Chronic diseases can be controlled, often prevented, but cannot be cured.

These diseases present a unique challenge because of the huge costs to the health care system and the economy. According to Statistics Canada, about 66% of all health spending in Canada is spent on treating chronic diseases. In 1998, Statistics Canada estimated that chronic diseases alone cost the Canadian economy $160 billion in lost productivity and health care spending. In some cases, chronic diseases are linked directly to lifestyle choices, which means we can

prevent these diseases through healthy living. An ounce of prevention is worth a pound of cure.

> *The World Health Organization has identified chronic diseases as becoming the leading cause of disability by 2020, and that, if not successfully managed, will become the most expensive problem for health care systems.*

According to Statistics Canada, about 66% of all health spending in Canada is spent on treating chronic diseases.

Arthritis is one example of a chronic disease. It is the leading cause of disability in Ontario. 40% of the population reports having arthritis and this population is made up mostly of baby boomers, meaning that the demand for the care associated with treating arthritis will only grow as the population ages.

We now know that arthritis affects 1.6 million people over the age of 15, but has the most potential for prevention and management. Ontario must take advantage of this by working with our health care partners to create effective management and prevention strategies. This will reduce the need for joint replacement surgery and, thereby, reduce costs and pressures on the health care system. For example, the Arthritis Society helps thousands of people with arthritis improve their lives through the Arthritis Self-Management Program (ASMP) which is designed to help individuals better understand arthritis, learn ways to cope with chronic pain and take a more active role in managing their arthritis. Participants learn about exercising with arthritis, eating healthy, preventing fatigue, protecting joints, taking arthritis medications, dealing with stress and depression, working with your doctor and health care team and evaluating alternative treatments.

Diabetes is another chronic disease that affects over 700,000 Ontarians or roughly 7.5% of the population. This disease has links to poor lifestyle choices but can also be hereditary. Each year another 53,000 people in Ontario will be diagnosed with this disease. These people face annual costs for medications that are two or three times greater than for those without diabetes. Projected costs for physician services, hospitalization, day surgeries and

prescription drugs for those with diabetes and diabetes-related complications are projected to grow 78% by 2016.

While those with the disease account for only 7.5% of the population, they account for:

- 32% of all heart attacks suffered by Ontarians;
- 30% of all strokes;
- 51% of all new dialysis cases; and,
- 70% of all limb amputations in the province.

In Ontario alone, the Canadian Diabetes Association estimates that direct health care costs to treat people cost the government $2.13 billion. Unless an aggressive strategy is put in place to help control the societal and financials cost effects of diabetes, this disease will affect more and more people while directly costing the health care system an estimated $3.14 billion by 2016. We must look at new ideas for health promotion and prevention to curb the rate of those getting diabetes. For example, the Government of Alberta's Diabetes Strategy recommends the elimination of GST on sports and recreation equipment.

According to the Heart and Stroke Foundation of Canada, almost half of all Canadians are overweight or obese.

Disease prevention and health promotion

Obesity has become a growing epidemic in Ontario and Canada. According to the Heart and Stroke Foundation of Canada, almost half of all Canadians are overweight or obese and the foundation has calculated that the number of deaths in Canada directly linked to overweight or obesity factors doubled between 1985 and 2000. Those who are obese are much more susceptible to getting diabetes and have a 50% greater chance of heart disease, cancer, strokes and other medical problems. Making matters worse is that only 43% of Canadians are physically active enough to stay healthy.

In October 2005, the OMA sounded alarm bells concerning rapidly rising child obesity rates. The OMA suggests that the children of today may be the first generation of children who will not live as long as their parents.

The OMA published a startling report called *An Ounce of Prevention or a Ton of Trouble: Is there an epidemic of obesity in children?* As a result, Ontario's doctors are calling for immediate action to battle the growing problem of childhood obesity. Their studies showed that obesity in children increased in boys from 15% to 28.8% and in girls from 15% to 23.6% between 1981 to 1996.

The OMA suggests that the children of today may be the first generation of children who will not live as long as their parents.

In general, the health related issues linked to obesity are severe and potentially life threatening. The costs of obesity are costing our health care system billions of dollars each year.

We need to develop a strategy to encourage Ontarians to live a healthy and physically active life. With about one-third of Canadian children under 12 being overweight or obese and with these numbers increasing, we must include in our strategy the promotion of lifelong participation in sport and physical activity. We need to ensure that there are affordable and accessible sports programs for children and adults.

…obesity in children increased in boys from 15% to 28.8% and in girls from 15% to 23.6% between 1981 to 1996.

Premier John Hamm of Nova Scotia introduced the Healthy Living Incentive, which provides an allowable tax credit of up to $150 per child to help with the cost of registering children and youth in sport or recreation activities that offer health benefits. Similarly, during the 2006 federal election campaign Conservative Party Leader Stephen Harper said a Conservative government would "seriously consider" a tax incentive for gym memberships.

It is important to develop a strategy to encourage individuals to assume greater responsibility for their own health.

Healthy aging

Regardless of age, healthy living is multidimensional and includes balancing physical and mental activity, eating well, maintaining strong relationships and engaging in personal interests and hobbies.

The National Advisory Council on Aging states, a person is aging successfully if he/she has a low risk of disease-related disability, has

a high level of mental and physical functioning, is actively engaged with life and can adapt to change and compensate for limitations.

According to a November 2001, Health Canada's Division of Aging and Seniors workshop on Healthy Aging, half of all adults over age 45 are inadequately active. Barriers to older adults becoming more physically active range from self-consciousness and not wanting to be conspicuous in public, to the lack of access to indoor and outdoor activities in the winter months to under funding of seniors programs.

According to a November 2001, Health Canada's Division of Aging and Seniors workshop on Healthy Aging, half of all adults over age 45 are inadequately active.

The presence of supportive social relations such as family, friends, participation in local organizations or church groups, has a positive effect on health, while social isolation increases the risk of poor health. Communities have an important role to play in fostering socialization.

We must ensure older adults have access to resources within their communities that enable them to engage in physical and mental activities and provide support networks to ensure their good health.

Although seniors are our fastest-growing population, there has been little research done with this older population. More research relevant to the aging process, in both community and institutional settings and within a continuum of accommodation and health services is necessary to create practical programs to improve the health, independence and the quality of life for older adults. Some have suggested there should be a Centre of Excellence established and devoted to healthy aging.

Drugs

The Ontario government is the single largest payer for prescription drugs in Canada. The government runs a special Ontario Drug Benefit Program (ODB), whereby, the Ontario taxpayers pay nearly $2 billion annually for prescription drugs in addition to prescriptions covered and not covered by private insurance. According to the Canadian Generic Pharmaceutical Association, in 2004, the Ontario

prescription drug market was roughly $6.1 billion and accounted for over 118 million prescriptions. The Fraser Institute's report, *Paying More, Getting Less 2005*, says that there will be an annual growth of 8.3% for drug programs, which is an unrealistic rate of growth. There is a growing need to control our rate of spending on drugs, while at the same time keeping Ontario a competitive environment for new drug innovation.

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One of the many methods to help control the growth of prescription drug use and spending is to implement effective drug utilization programs. According to the Canadian Association of Chain Drug Stores, medication management has been proven to save costs to the heath care system. By fully engaging the knowledge and skills of pharmacists in collaboration with physicians, nurses and other health care providers to ensure optimal drug use, costs are more effectively managed, pressures in other areas of the health care system are offset, and ultimately, better health outcomes are achieved. Compliance and proper use of medications ensures that patients get well faster and saves the system money by reducing the cost of medication errors and the need for other expensive treatments and interventions. Innovations in information technology and information management, such as B.C. PharmaNet, can reduce medication errors by identifying drug interactions and patients' allergies.

There is an increasingly large gap in our health care system when patients are being denied drug treatments because it is too expensive. In many instances, Health Canada approves various treatments for rare and orphan diseases, but these treatments do not receive permanent funding by the province because of the costs associated with providing these treatments to patients. Although it is important to recognize the need for a national strategy to address orphan diseases and catastrophic drugs, we must also decide what the role is of the provincial government in providing coverage for these treatments of orphan diseases.

Unless we look at ways to improve the delivery of drugs, the rate of growth in pharmaceutical spending will become the largest cost pressure in the Ontario health care budget.

Patient safety

Patient safety is an emerging issue that will become more important as more people access the health care system. Research is now showing patient safety is becoming an important topic in health care policy and practices in Canada and several other countries, including the United States, Australia and Great Britain. They are now developing strategies to implement system wide best practices to reduce errors and improve the standard of care.

A report by the federal government in 2001 found that 19-28% of hospital admissions for patients over the age of 50 were directly related to adverse drug reactions and not following directions for the use of prescribed medications.

Patient safety is an emerging issue that will become more important as more people access the health care system.

Patient safety is increasingly becoming a key component in public accountability for health care professionals, administrators, organizations, professional associations and all levels of government, all of whom have a role in protecting and enhancing the health of patients.

The RNAO defines patient safety as preventing and mitigating unsafe acts by protecting people from real or potential harm. They support a broad perspective of patient safety that moves beyond error and physical safety of patients to one that includes psychological safety (e.g. verbal threats and intimidation) and the creation of safe environments.

The OHA along with the Council of Academic Hospitals of Ontario established a Patient Safety Support Service (PSSS) as one of their main programs in March 2004. The mission of this province-wide patient safety project is to implement innovative programs to improve patient safety and raise awareness of patient safety issues across the province of Ontario.

Ontarians are becoming increasingly better educated and informed consumers of health care services and are demanding more accountability within the system. Public reporting of patient safety

programs is becoming one measure of direct accountability for Ontarians. We must continue to develop strategies that reduce and mitigate health care errors and improve overall patient safety.

Public reporting of patient safety programs is becoming one measure of direct accountability for Ontarians.

Patient access and wait times

Despite all the promises about reducing waiting times and increasing access and despite massive increases in funding from both the federal and provincial government, according to a Fraser Institute Report, *Waiting Your Turn*, released in October 2005, overall median wait times for Ontario have actually increased from 7.1 weeks in 2003 to 8.2 in 2004 to 8.7 weeks in 2005. Ontarians have witnessed one of the largest jumps in wait times of any province in Canada.

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In December, the Ministry of Health web site showed that the wait time situation in Ontario is getting worse. In fact, in the five key priority areas of cancer, cardiac care, cataract, hip and knee replacements and diagnostic imaging such as MRI and CT scans, the average wait time has gone up. Since July of this year, wait times in Ontario for:

- Cancer surgeries were up by 9%;
- Cardiac care procedures including angiography and angioplasty procedures were up 22%;
- Cataract surgery showed median wait times had increased by 16%;
- Hip replacement median wait time had increased by 14%; and,
- Access to MRI scans were up from 53 days to 55 days while waits for CT scans were up from 28 days to 30 over the same period of time.

While the McGuinty Liberals have talked much about waiting lists for their five key priority areas – were even there wait times have not improved – there has been little discussion about wait times for other medically necessary surgeries.

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Looking across the country, it is Saskatchewan and Alberta – not Ontario – who are the national leaders in wait time registries, tracking between 9 and 12 different surgery types over and above the five areas identified as priorities by the McGuinty Liberals. Procedures tracked in these provinces include Ear, Nose and Throat surgery, Orthopaedic surgery, Vascular surgery and Dental surgery. Tracking these additional procedures will provide a more complete picture of the state of health care in Ontario, and of the wait times experienced by patients.

The Ontario Medical Association (OMA) has raised concerns that by focusing solely on only five areas, service and patient care will suffer in other so-called "non-priority" areas. For example, orthopaedic surgeons who are performing more hip and knee replacements will be doing so in place of or at the expense of other serious orthopaedic surgeries such as rotator cuff repairs. Our health care system should not be a zero sum game where some patients win at the expense of others.

Despite the health systems ability to operate at a greater capacity, it cannot without the appropriate financial and human resources. A good example of this are MRI and CT scans which are often funded for use for only 8 to 12 hours a day. The Ontario Association of Radiologists (OAR) recommends funding all MRI and CT machines to meet standard operations for at least 16 hours a day, 7 days a week with the ultimate goal for operation 24 hours a day, 7 days a week.

Furthermore, the OAR also reports that on average, hospitals are operating their CT scanners at 53% of benchmark capacity. Also, on average, hospitals are operating their MRI scanners at 69% of benchmark capacity.

It is important to reduce the wait time for MRI and CT scans since the longer waits mean that patients continue to suffer, usually have more expensive procedures and have longer recovery times. Whereas, early diagnosis and treatment means less-invasive medical therapies,

fewer complications and shorter hospital stays which means substantially less costs for the health care system and the economy.

We are increasingly seeing that operating room time is at a premium, given the government's focus on reducing wait times in their five priority areas – cancer care, cardiac, cataract, hip and knee replacements and MRI/CT scans. In December 2005, the Ontario Medical Association said that overwhelming evidence existed that suggests that Ontario 'patients desperate for surgeries not targeted in the province's strategy to cut wait times are languishing in long queues'. This shows wait times have worsened in areas not considered a 'priority' by the government.

The Ontario Medical Association (OMA) has raised concerns that by focusing solely on only five areas, service and patient care will suffer in other so-called "non-priority" areas.

Similarly, the Canadian Association of Gastroenterology (CAG), has expressed concerned about the narrow focus of the wait time strategy and the millions of Canadians suffering from gastrointestinal diseases who fall outside of the priority areas.

In November 2005, the Canadian Association of Emergency Physicians said that they were concerned about excessive wait times in Ontario's emergency rooms. This includes patients transported by ambulance. In some cases paramedics are required to tend to patients they brought into emergency rooms and wait with the patient until there is a bed, which means the paramedic cannot be freed up to respond to emergency calls.

Ontario 'patients desperate for surgeries not targeted in the province's strategy to cut wait times are languishing in long queues'.

— OMA, December 2005

The backlogs of patients in emergency rooms are barometers to other systemic problems and often, when people cannot access other areas of the health care system, they turn to the emergency department at their local hospitals for care they could receive elsewhere.

The backlogs of patients in emergency rooms are barometers to other systemic problems

We must reduce wait times in all areas and improve patient access to care. Some people have suggested that we can do so by establishing specialized clinics such as the Shouldice Clinic to focus on procedures such as cataracts, hip and knee replacements and others in a more timely, efficient manner.

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Alberta recently announced success in reducing wait times for hip and knee replacements with a pilot project at the Alberta Bone and Joint Health Institute.

Alberta spent $20 million to establish a new approach that saw patients referred by their GPs to the clinic. Once at the clinic a patient was assigned to a health team that included nurses, physicians, and a case manager who determined whether or not surgery was required. If surgery was not required the patient was provided with a medical plan and education and referred back to their GP. If surgery was required the case management team negotiated the patient's journey through the clinic to ensure that surgery occurred in a timely fashion and to ensure that post-operative complications were kept to a minimum. The result, in less than 12 months, was a reduction in the time from an initial consultation with a specialist to the date of surgery from 47 weeks to 4.7 weeks.

The Shouldice Clinic, a world renowned private institution operating in a public health system, has specialized in performing hernia operations in Thornhill, Ontario for the last 55 years and will do about 7,500 hernia operations this year. The Clinic provides a three-day admission-to-release process that puts patients on their feet and back to normal as quickly as possible and every element of the Clinic is designed toward that end.

Conclusion

This paper is intended to identify some of the health care issues and concerns in order to stimulate discussion as we develop a long term vision and plan for our health care system that puts Ontarians at the heart of health care.

We need to acknowledge that a system designed when our population was younger and healthier does not work so well for our aging population. We need to recognize that the medical revolution has transformed medical care and its costs. We need to consider the very foundation of Canadian Medicare.

We need to experiment with new ideas and examine health systems in other countries such as Sweden, Britain, Australia, France and others. We need to debate in this province what the role of the private sector ought to be within our publicly funded, single payer system. We need to debate how best to help patients, how to make a system that is truly patient-centered. Let the honest, open and frank dialogue on the future of health care begin.

Reader's Response

We invite readers to respond to thoughts expressed in this paper. It is important to note that no report such as this could possibly capture all of the complexities facing Ontario's Health care system. This paper is our attempt at examining these issues and is meant as a kind of "mid-term report" on our work to develop a plan for Ontario. It is not exhaustive, but designed to help us solicit more input on our detailed plan, which we will bring forward in the lead-up to the 2007 election. It is this regard that we welcome your feedback to the following questions:

1. How can wait times be reduced?
2. What recruitment and retention strategies should we adopt to increase the number of physicians in the province?
3. What recruitment and retention strategies should we adopt to increase the number of nurses in the province?
4. How can we more effectively use registered nurses, nurse practitioners, registered practical nurses and other health care professionals in the delivery of primary care?
5. Should physicians provide statements to patients as part of an overall effort to educate citizens about the cost effective use of the health care system?
6. Within the publicly financed single payer system, should there be more private sector financing and delivery of health services?
7. Should Ontario be opening additional specialized clinics similar to the Shouldice model?
8. What incentives can be provided to make a physical activity a part of daily life for all Ontarians?
9. What initiatives can be considered to reduce obesity?

10 What accountability measures can be put in place to ensure that public money is spent appropriately on health care?

11 What early intervention and prevention services should be introduced in developing a workplace mental health strategy?

Responses can be sent to:

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White papers released in winter 2006 include:

- A Prosperous Ontario
- The Health Care Challenge
- Our Children's Future
- Energy for the Future
- Strong Rural Communities
- Strong Northern Communities

Additional white papers, including urban communities, the environment, and post-secondary education, are scheduled for release in spring 2006.

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HEALTH CARE

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