Minister Deb Matthews

Canadian Club

April 7, 2010

CHECK AGAINST DELIVERY

Thank you John.

Thanks also to the Canadian Club for inviting me to speak today.

Most importantly, thanks for being here today. I'm very happy to know that the future of health care in Ontario is important to so many people.

Indeed, today is a special anniversary for me.

It was six months ago today that Premier McGuinty called me to his office to tell me that I was to be the new health minister.

In those six months, I've learned so much. I've had the opportunity to get to know some of the people across this province who make our system what it is - at family health teams, hospitals, community health centres, LHIN offices and conferences.

And I look forward to visiting many, many more.

No matter where I go, the commitment to health care of people who work in health care is extraordinary.

I have been enormously impressed by those who commit their lives to the lives of others. Thank you.

The pride that Ontarians have in their health care system is remarkable.

The debate on health care south of the border has reinforced the fierce determination of Ontarians to protect and strengthen our universal, single-payer system of health care.

I am very honoured to have the job I have, and I know that, in some ways, it is a sacred trust.

People are counting on me, not just to ensure the strength of health care today, but also to ensure that it is there for generations to come.

I'm going to let you in on a little secret - politicians are actually people first.

We are not born into the role, we arrive at the role.

We bring all kinds of different life experiences and perspectives – and that's why diversity in our elected bodies is so very important.

Those life experiences shape our priorities and our approaches.

I'm no different. I bring to health care my experiences. I thought I would share some of them with you.

First of all, I'm a member of a family - I'm the mother of three grown children, and a grandmother of one – the world's most perfect child.

And twin grandchildren – a boy and a girl – are expected to make their arrival this summer! They represent the future.

They teach me about the importance of the sustainability of the health care system.

I am determined to put into place the foundation required to ensure that the excellent health care system we have today is there for them, not just today, but when they're grandparents!

I'm also a daughter.

Both my parents are now into their 80s.

They have spent their lives contributing to their communities, and now it's their turn to get a little help.

And what my parents are teaching me is that it's not just about getting the best medical treatment – although that is vital; it's about getting the best care.

There's a big difference.

What I'm learning from them is that sometimes the <u>care</u> of patients gets lost in the <u>treatment</u> of patients.

I'm also a demographer. I've studied our aging, growing and increasingly diverse population.

What I learn from that is that there's an unstoppable demographic tsunami heading our way – not just are the baby boomers approaching the age where they'll need more health care, but people are living longer, with much more complex health conditions.

We have fewer children to care for us, the kids we do have live further away, and guess what – our daughters have jobs!!

Finally, I'm an MPP, representing 120,000 people in London North Centre.

My constituents teach me about what is working – on the ground – and, more often what is not.

Through them I learn that there is much more to do and that health care matters a lot.

Being Minister is a very busy job.

Health travels at a million miles an hour.

There is always a mountain of information to learn, an endless backlog of meetings and briefings, correspondence to respond to, and, of course, the daily joy of Question Period and scrums.

The blackberry buzzes endlessly.

That's why it's so important to keep focused on what really matters – people.

People like Karen Metcalfe from Windsor, and her daughter McKenna.

Karen wrote to the *Windsor Star* recently about the experience of her daughter, McKenna. I've put copies of that letter on your table, so you, too, can be reminded of what health care is all about.

I was quite touched by their story, so, I invited Karen and McKenna to join us here today.

They are right over there.

McKenna loves to read and today is enjoying her favourite meal – pasta, with tomato sauce and feta cheese, as she colours in her Tinkerbell colouring book.

McKenna – can you and your mom stand up for a minute?

McKenna was not even five years old when doctors discovered that she had a brain tumour.

As a mother, I simply can't imagine what was going through Karen's mind.

In January, Karen took McKenna to Windsor Regional Hospital - within days, she had an MRI and seven hours later, she was in an ambulance on her way to London.

Karen writes that within 36 hours of their arrival at Children's Hospital in London, Mckenna underwent a 12-hour surgery to remove a brain tumour.

A few days later, she had a second surgery and was in critical care for over a week.

Her letter ends with this: Our health care system "is giving my family the opportunity to celebrate my daughter's fifth birthday with her this week. We might sing O Canada, instead of Happy Birthday as we blow out the candles."

I know the system put McKenna first, and that every person in the system put McKenna first.

I personally wanted to thank Karen for standing up for health care.

For appreciating the hard work and dedication of our tremendous health care workers.

I also wanted to tell you McKenna that you are a very brave little girl.

You're an inspiration to me and everyone here today.

Thank you.

This is what we need to focus on.

How always putting the patient first will drive the quality of our system, lead to better value for the money we spend, and ensure that the excellent healthcare we enjoy today, is around when McKenna celebrates the fifth birthday of her grandchildren.

I stand here today, knowing that we're an important juncture when it comes to health care in this province.

This is an exciting time.

The McGuinty government has focused the last 6 ½ years rebuilding a system that was badly neglected by the previous government.

Hospitals were closed, nurses were fired, programs were cancelled and funding was cut.

People couldn't get a family doctor, and were waiting far, far too long for a hip replacement or cataract surgery.

Professionals were leaving Ontario for better opportunities elsewhere.

Ontarians had had enough and demanded better.

That's why Dalton McGuinty and the Liberals were elected in 2003.

We knew that massive investments were needed to be made to restore the system to meet the needs of Ontarians and protect our universal system from privatization.

So we started investing and the results soon followed.

We have increased overall health investments by 57%. That's \$16.7 Billion more now than in 2003

There are more than 10,000 new nurses working.

More than 900,000 more Ontarians have family doctors.

We've expanded medical school enrolment so that by 2013, we will have doubled the number of doctors graduating every year.

We've opened a new medical school in the north and we've tremendously increased opportunities for International Medical Graduates.

That's why there are 2,300 more doctors practising in Ontario than in 2003.

And our wait times strategy continues to reduce wait times for people in our hospitals.

Just a few weeks ago, the Canadian Institute for Health Information reported that wait times in Ontario for hip replacements, cataract surgery, knee replacements, cancer radiation treatment and CT scans have all decreased.

And, Ontario was one of only two provinces where 75% or more of patients receive treatment within the benchmark time frame.

It's extraordinary progress in a relatively short period of time.

The question Ontario is now facing is how can we continue to provide the services we do, with increasing demands on our system and still fund other priorities – like education, public transit and environment?

How can we ensure that the same care McKenna received is there for her grandchildren?

Here's the thing: just 20 years ago, 32 cents of every dollar the Ontario government spent went to health care. Today it's 46 cents. In 12 years, it could be 70.

TD Bank Financial Group's chief economist, Don Drummond, has described health spending as "Pac-Man" -- "it's eating everything else in people's budgets."

So what do we do? And no, the answer is not to cut services left, right and centre. Or to increase wait times, and limit access to patients.

Governments have tried that before, and we've seen the consequences.

We have a different approach.

Even in this tough economy, in our recent budget, we were able to increase funding for Ontario's hospitals, again, just like we have every year since 2003.

It's not just hospitals. Overall, our spending on health is up by 6%. This year.

But, we all know that we can't continue increasing spending at this pace.

It's just not sustainable.

To respond, the government has launched the Open Ontario plan.

The plan will strengthen our economy and create more jobs.

Growing our economy means being open to change, opportunities and our new world.

This plan includes health care.

We're going to start with quality.

I intend to introduce legislation that will further improve the quality of our system, drive better value for our health care dollars, and ensure that patients are the focus of our health care system.

After all, it's patients – as taxpayers – who own the system.

We're all working for them, and we better make sure they're getting what they're paying for!

Let me share with you some questions I've had since I've become minister.

Why is it that we've been talking about patient-centred care for years and still, health care organizations are not mandated to consistently track the quality of the patient experience?

Why is it that under a publicly-funded health care system, we don't demand that the salary of health care executives be tied to the quality of care delivered within their organizations?

Why is it that each hospital board is required by law to have an inter-professional committee dedicated to financial issues, but there is no requirement for a similar committee that is focused on the quality of patient care?

How do we change this?

We intend to introduce legislation which addresses all of these questions related to quality. We also need to consider value. We need to ask ourselves – are taxpayers getting the best value for every dollar they spend in health care? We'll address that too -

We will also create an independent, expert advisory body to provide evidence-based recommendations on clinical practice guidelines, because we can't keep paying for things that aren't improving patient outcomes.

This will be a patient-first model.

The focus on the patient will also lead to modernizations about how our hospitals are funded.

We cannot continue to simply increase hospital global budgets, year over year without beginning to address the value received for the investments.

Critics are jumping to wild conclusions about what this really means, and I want to set some facts straight.

First: we are steadfastly committed to universal, single-payer health care.

In fact, less than a year after being elected, the government passed the *Commitment to the Future* of *Medicare Act*, which strengthened the prohibition of "two-tier" medicine.

Whoever needs care, will get care. Period. Full stop.

Second: we'll take the time we need to get it right.

I intend to begin expanded pilots and simulations in the coming months with the goal of introducing some increased form of patient based payment in the coming year.

It's not really that radical - it builds on how the Wait Times Strategy is funded.

This approach helped the government to deliver on our promise to lower wait times for surgeries across the board.

Third: We recognize that the health care options for someone in Toronto are different than someone from Timmins.

That's why we are not considering widespread changes to how we fund hospitals in rural communities.

The main goal is to move toward a model where hospitals are compensated for services they provide and not just receiving base-funding increases year over year.

The principle behind these changes is simple - poor quality care increases costs. It results in avoidable procedures and unnecessary bounce backs into our emergency departments.

Excellent quality care, on the other hand, actually reduces costs. So patient-based payment gives hospitals a strong incentive to ensure that the quality of care is high.

There are already such great examples of hospital CEOs implementing important changes.

Take Windsor Regional Hospital for example.

There, they are doing something called the "Monday Morning Huddle".

Staff gets together for 10 or 15 minutes on Monday morning and, well, huddle.

They focus on specific patient safety and quality indicators.

Weekly data results are circulated by Friday noon and Improvement Teams develop specific action plan for improvement for the next week.

As a result of the huddle, the hospital has seen an overall decrease in patient falls with injury by 83% and an increase in hand hygiene compliance of 20%

That's not just higher quality, it's lower cost and better patient care!

I know there are countless examples of creative efficiencies like this being used all over this province.

We are going to be asking hospitals to keep doing this and we're going to reward them for doing it

I know we can get better value for the investments being made. And so do the people I've met on my travels.

And, that means better care for patients.

We're all in this together. And government will do our part to ensure we get the very best value for the money we're spending on health care.

This afternoon I will be announcing significant changes to the prices Ontarians pay for prescription drugs.

We are not getting the best value for the billions of dollars we spend on generic drugs.

This is simply not fair.

We will change this by reducing the price of generic drugs and eliminating professional allowances.

I believe this the kind of leadership that demonstrates this government's commitment to doing things differently to get the best value for money.

We will also be inviting all Ontarians to be part of a dialogue about health care.

I want to know what someone like Karen thinks can further improve our system.

I want to know what McKenna thinks too.

We will be asking people who work in the system to join us too.

Countries around the world face this same question.

Other provinces too.

The question is; do we want to lead this discussion, or follow it?

The road ahead is challenging.

There will be naysayers and fear-mongers.

We'll all have to take off our sector hats and put on our "we're all citizens of Ontario hats".

I will need everyone's help to get it right.

Other governments faced the same questions - the same challenges.

I believe they failed in their test – they simply cut.

This government will not sacrifice quality – not by a long shot.

We will continue improving care for people, while ensuring that their hard earned tax dollars are receiving the highest possible value.

So one day – when McKenna is celebrating her 50th birthday with her family, she knows the system that saved her life, is there to take care of her grandchildren.

Karen and McKenna deserve nothing less – and neither do you.

Thank you.

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