

A Plan For Sustainable Quality Healthcare in Ontario

February 2011

To the Honourable Deb Matthews, Minister of Health & Long-Term Care:

A group of more than 40 healthcare stakeholders gathered together late last year at the HOOPP Think Tank at the Munk Centre in Toronto. This group wanted to engage in a dialogue about the future of quality healthcare in a deficit driven world. HOOPP believes that the discussion around healthcare reform should be driven by a desire to sustain and enhance our system, and thus proactive engaged dialogue is required to lead to workable solutions. Based on the deliberations of the assembled group, I would like to present the following ideas to you.

As healthcare stakeholders, we face a great challenge – ensuring the sustainability and quality of Ontario’s healthcare system into the future while costs associated with care increase to the point where healthcare consumes close to 50 per cent of provincial spending.

We start from a belief that Ontarians want the health system to be there for them when they need it – and they want universal access, without user fees. People value healthcare and want access to it wherever they live. Healthcare remains a key defining Canadian value.

HOOPP commissioned research by the Gandalf Group to help inform the deliberations and key points included:

- Few Ontarians believe that government spends too much on healthcare and even fewer think it should reduce its spending on healthcare.
- Providing healthcare is seen as the most important thing government does, and Ontarians want it privileged above other spending priorities. If government has to cut spending, they want healthcare protected from those cuts as much as possible and more so than any other spending envelope. If government has extra money to invest, Ontarians want the healthcare system having the first call on those resources.
- Ontarians are open to systemic reforms to the system that preserve quality at lower cost, but not to lower cost that undercuts quality. There is openness to a range of ideas from how administration of the system is organized to how doctors are compensated, and even another crack at electronic records.
- Shifting the focus of healthcare delivery from hospitals to community settings is very popular with the people of Ontario, assuming that the quality of care in the community is equal to what it would be in the hospital. The emerging Community Health Clinics and Family Health Teams are seen as a very positive evolution in the way healthcare is delivered. But that is contingent upon being able to rely on equal quality, including

equally experienced and qualified nurses and other healthcare professionals. To be positioned to have quality healthcare practitioners in every setting, they need access to benefits that support their mobility throughout the system and throughout their career.

The research points to a situation where Ontarians are largely unaware of the cost of the existing system, its overall size in terms of budget, or what it represents to the economy – employing more than 516,000 Ontarians.

We believe that there needs to be an honest broker – a trusted champion that does not have a direct stake in the system – to open an evidence-based dialogue with government and Ontarians about the problems facing the system, and the need to solve them so that the system can be maintained for the generations that will follow us.

We believe an individual or small group should be created by the province to act as an “honest broker,” and should have the following attributes:

- It should be a coalition, including the public, the private sector, non-government organizations without a stake in the system, representative unions, practitioners, academics, healthcare providers and aligned organizations, and former elected office holders (perhaps former health ministers).
- The group would need to have credibility and be high profile, and the leader would need to be someone who can deliver a clear message and be understood by the public – neither too academic nor too technical.
- The group’s role would be to engage the public in a conversation about the future of healthcare – and at the end of that consultation, to provide government with a plan on the steps to be taken to secure healthcare for the future.
- The group could also operate as a permanent healthcare research institute – a voice for all who are served, or who serve, the healthcare sector.
- It would establish a vision for healthcare in Ontario – articulating what the public wants from healthcare so that governments present and future can plan delivery options around that vision.

Based on the group’s expertise, the following ideas were generated that were felt could help the government take a number of immediate steps – before public consultation even begins – to help sustain the system.

1. Integration

- We need a much more integrated system, rather than the current “siloes” approach of hospital and community-based delivery. An integrated system would be more patient-centric, and would align healthcare services with social
- services. We would also need a system for measuring the outcomes of service to measure success.

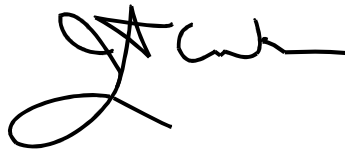
- When considering funding for the system, all of its dimensions – public, private, and aligned associations and interest groups – should be taken into account.
- We support more community delivered primary care. Benefits should be standardized across the system to encourage easy mobility between the hospital and community sectors. The portability of healthcare providers is essential to a truly high quality integrated system.

2. Efficiencies

- Efficiencies can be found within the system – e.g. inefficient usage and duplication of work can be targeted immediately. North York General Hospital and Trillium have both been leaders in finding ways to “save from within” without job loss. This type of efficiency thinking needs to be a priority system-wide.
- Moving to a standardized salary-based compensation system (rather than the current billing system) for physicians would create cost savings and increase accountability for outcomes and care associated with healthcare institutions.
- More long term-beds should be created – they cost less to operate than acute care hospital beds and would take the pressure off the existing system, to enable both hospitals and long-term care homes to focus on their area of expertise and deliver care at the right place and level.
- E-health was an innovative approach to ensuring a common set of records and communication around patient needs – while there were problems historically, the idea itself should still be pursued.

Through consultation, the Ontario Government will receive advice from its citizens on decisions that can then be taken to help sustain our healthcare system for Ontarians present and future. Any changes made as a result of this dialogue will be evidence-based changes, changes that have involved all stakeholders. Such changes will preserve the system that Ontarians value so much and are most likely to succeed over the long term.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'John Crocker', with a stylized, cursive script.

John Crocker