

Remarks to the 2015 HealthAchieve Conference

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CHECK AGAINST DELIVERY

Good morning everyone. Thank you for that very kind introduction.

And thank you for inviting me to be here for HealthAchieve.

I have heard from so many of you that this year's conference has been especially inspiring – and that inspiration comes from the outstanding sessions HealthAchieve has organized, from the speakers you've heard, and of course, from the quality of the conference attendees.

But I also think a good amount of that inspiration comes from this year's theme—Innovation.

Hearing innovative ideas, meeting people like you who have overcome challenges by breaking with the status quo, by embracing a relentless drive to think bigger—that inspires me. And let me tell you, as Ontario's Minister of Health and Long-Term Care, I couldn't be more inspired by the work that you do and the innovation you achieve.

As a government and a system, we need to do a lot more to embrace innovation—but we're committed to rising to that challenge. I hope you had the chance to visit our government's booth to learn about some of the ways we are embracing innovation, and helping to bring your innovative ideas to fruition.

I also hope you had the opportunity to meet our new Chief Health Innovation Strategist, Bill Charnetski. Bob Bell and I are so excited to have Bill on our team.

Innovation, of course, is about more than new technologies. Innovation is fundamentally about new ideas: identifying a need and coming up with a new way of meeting it. So we need to embrace new ideas as well as new technologies, if we are to transform our system for the better.

System transformation—it's an idea and a process that I spoke about last year, and it's an idea that Minister Matthews has spoken about too. It's almost like HealthAchieve has become the podium of record for Ministers of Health to talk about system transformation.

And that's fair—system transformation is a complex undertaking, and you're a sophisticated audience, made up of leaders from across the health care system.

After all, you've lived system transformation. Ontario's hospitals, especially, have been some of our most innovative partners as we move to a more patient-centred system.

We haven't made it easy for you—I know that by holding the line on budget increases, the government has asked a lot of you. But you've responded by being the best partners we could hope to have. You've responded by showing leadership, dedication, and a fundamental commitment to the well-being of your patients.

That fundamental commitment is not unique to hospitals and to those who make them run. It is what motivates every single one of us here in this room to get out of bed in the morning, whether you work on the front-lines or whether you work to keep the lights on.

The well-being of patients—putting patients first—is what motivates me as the Minister. It's what motivates me as a family doctor and as a public health specialist. It's what motivated me before I got into politics. And it will motivate me long after I leave the political world.

So here at HealthAchieve, I want to talk about how that commitment we all share, to the well-being of our patients, must drive system transformation. And how, by embracing new ways of doing things, we can build a system that better understands and meets the needs of our patients—no matter their background, their income, or where they live.

Today, here at HealthAchieve, I want to invite you to join me in breaking from the status quo.

Together with you—always as partners—we will embrace true system transformation. We will embrace change.

Change that is bold.

Change that doesn't just tinker around the edges.

Change that improves the structure of our system in a profound way, always focused on better access for our patients and better care when they need it most.

I want to talk to you today about why I believe we must undertake structural change to our health care system.

And then I want to talk to you about how we'll achieve our goals.

For me, as a lifelong physician and public health specialist, who has worked around the world to provide care to those in need, the “why” of system transformation is a quintessentially Canadian idea. It is the fundamental promise of our universal health care system.

It is the promise that every person, no matter who they are, no matter where they live or how much they earn... every person deserves equitable access to health care.

Fundamentally, for me, the “why” of system transformation, is health equity.

A couple of weeks ago, Health Quality Ontario released their annual Measuring Up report. I was pleased to see in that report that we're doing well or holding steady on a number of important

indicators. But one area where we need to improve—and where we can't afford to delay—is in closing the gaps that exist between different geographic areas of the province.

And when you see that data, you see that geography is only part of the story. We're talking about gaps in our success at treating populations with low socio-economic status. We're talking about populations where we haven't done enough to address the social determinants of health.

And HQO's findings are just one example.

Dr. Kwame McKenzie and his team have been working on this issue for years at the Wellesley Institute, and the Toronto Central LHIN has been focusing on health equity, including at its recent symposium less than two months ago.

A movement is building across the country for equitable access to drugs through a national pharmacare program – and I'm proud to have brought together my provincial and territorial colleagues to make the point loud and clear that the time has come for national pharmacare – that no one should have to choose between paying for medication or putting food on the table.

And I will continue to advocate for national pharmacare with our new federal government, and at our January provincial/territorial health ministers' meeting in Vancouver.

The movement for greater health equity is building. And it is informed by solid evidence.

To take the example just of Toronto, the disparities in health equity here are much too stark. In his groundbreaking report, Dr. David Hulchanski at the University of Toronto identified three cities within Toronto—the three Toronto's—characterized by serious income polarization.

Now, we know that income is a key social determinant of health. But what the Three Toronto's study illuminated is that Torontonians with the highest income also live in areas of the city with the highest concentration and best quality of health care services.

In other words, they don't just have better outcomes—which is what we already know very well about social determinants of health—but better access.

And that's a stark illustration of exactly what our challenge really is.

Several years ago, when our government released the Poverty Reduction Strategy with the goal of lifting children out of poverty, we called it Breaking the Cycle.

It's time we also broke the cycle of poor health outcomes and fulfill our responsibility as a health care system to deliver universal and equitable access to services.

After all, putting patients first... truly putting patients first... is not about prioritizing our easiest patients. It's prioritizing the patients who need our services the most. And bringing those services to them. It's about embracing a population-based approach to delivering care.

As a policy-maker, I am well aware that delivering on a promise of health equity isn't something the health care system can do alone.

True health equity requires a "Health in All Policies" approach. It requires breaking down the silos between health policy and social policy. It requires better integration not just within a system, but across government.

In the months and years ahead, you have my commitment that I will do my part at the government level—I will be an active champion for health equity, for Health in All Policies, working across government and with my Cabinet colleagues on a strategy to address the social determinants of health, to improve the health equity of all Ontarians.

And as we take on that work, there is a central role that our health care system must play. In short, we must lead the way.

We must move beyond a system where care is good quality, but is too often fragmented, disconnected, or siloed.

We must reorganize our system in a bold and transformational way so that we can deliver on our promise of health equity—of equitable access. We must build a system that best meets the needs of Ontarians, that closes gaps, and brings services to the people who need them most.

That is a system that puts patients first. That is the "why" of system transformation.

But just as important as the "why," is the question of "how."

I believe that a system that best meets the needs of patients in an equitable way is one that is truly population-focused, and that is deeply integrated at the local level.

That starts with strong local governance.

And that was the driving force behind the creation of our Local Health Integration Networks – that local governance is the best way to meet a population's local needs, not by managing everything from our offices here in Toronto.

I have had the pleasure of travelling to meet with most of the LHIN boards across the province, and I've been so impressed with their depth of local knowledge, and with the capacity that each of our LHINs has shown to be true local managers of the health care system.

LHINs know the needs of their population – and they know the partners and service providers who care for that population.

They've become much more sophisticated and they must continue to evolve.

LHINs have the capacity to play a role that better acknowledges the true importance of local decision-making and local management.

And that includes primary care.

As part of our recent discussions on the future of our health care system, we have benefited immensely from the work of a number of skilled experts—including the recommendations of Dr. David Price and Elizabeth Baker, along with their fellow panel members.

In their report, they call for primary care providers to be better integrated among themselves, and within the health care system at the local level.

Though the Baker-Price report is just one voice, it is a powerful one. And it has reinforced my belief that primary care is an important bedrock of our health care system. It must be organized around the needs of patients, and around the local population that we serve.

As we move forward with implementing our primary care guarantee—that every Ontarian who wants one will have a primary care provider—and with our commitment to significantly improve same-day or next-day access to care, I look forward to consulting with all of our health care system leaders on the best way to achieve this transformation.

But make no mistake—I believe that if we are to transform our system to one that is focused on population health and equitable access, the time is right for more local governance, and for our LHINs to play a much greater role.

After all, there is perhaps no more important quality of a health care system that puts patients first than the quality of being integrated. That goes for our system of primary care, but you know it's true for our system as a whole.

And that means our home and community care system as well.

We have begun to take important steps to transform our home and community care system so that it delivers better and more consistent care for the patients who rely on our services.

We have followed the advice of experts like Gail Donner and her panel. They told us to ensure that form follows function—that we focus first on offering more consistent services that meet the needs of the local population—before we have the much-needed discussion on structure.

With that in mind, I launched our home and community care roadmap, with 10 concrete steps we will take to improve the patient, client, and caregiver experience in home and community care. We have begun to implement the roadmap, including the first phase of our bundled care projects—they were pioneered at St. Joe's in Hamilton with their Integrated Funding Model—and they're a real example of integrated care at the local level.

Now the time has come for us to have a conversation about the structure of the system.

We owe it to patients and providers to be bold—we owe it to them to be transformational.

We should ask ourselves—to deliver better results for our patients, to deliver more equitable access to the services our population needs, is it time to reconsider the relationship between our CCACs and the LHINs? Is it time to consider deeper integration? And might that be the best way to provide consistent and targeted care that addresses the needs, first and foremost, of the local population?

These are questions our ministry is considering, always guided by the recognition that... home care leadership, our coordinators and our care providers... all of them are essential and their functions remain necessary in an integrated future.

As we move forward, we will continue to benefit from your advice and expertise. But what I'm certain of is that we must never take our eyes off the goal of true integration.

End-to-end, population-based integration across the health care system. That includes public health; it includes primary care; and it includes home and community care.

An integrated system, for the benefit of our patients.

Integration is not a new idea. And the people in this room have been instrumental in driving integration in our health care system. Across all of our LHINs, across all of our hospitals and our CCACs and our primary care organizations and our providers, you have taken the lead on projects that have improved patient outcomes by delivering integrated health care.

But our work has only begun. To truly transform our health care system into one that puts patients first, we cannot limit integration, using it on a project-by-project basis. We need system-wide integration.

Let me give you an example. Hospitals in rural Ontario, in collaboration with the Ontario Hospitals Association, have been leading change that captures exactly what I mean—focusing on end-to-end integration of services from public health, primary care, mental health, the management of chronic diseases, acute care, home and community care, long-term care, and palliative care.

End-to-end integration. That's the end-state of an initiative called Rural Health Hubs, and in the coming weeks, I will be announcing the first successful sites.

I love Rural Health Hubs because they move the yardstick forward on integration—by leaps and bounds. They do it in a population-based way. And they address that important equity of access issue for people who live in rural communities.

Greater equity through greater integration. I believe that is the future of our health care system. And we have evidence that it works.

Look at the success of our Health Links – which target the province’s most complex patients.

With their emphasis on care coordination and integrated care, Health Links have been tremendously effective at bringing care to the people who need it most.

Through our 82 Health Links, nearly 10,000 of the patients most in-need have individualized, coordinated care plans.

Care coordinators have helped to break down the silos in our system, filling in gaps, and helping patients navigate the system... patients most at-risk of falling through the cracks.

They have shown that integrated care can deliver better results not just when it comes to individual patient outcomes, but when it comes to health equity as well. After all, we know that these five percent of patients that Health Links target often experience precarious housing, with higher incidents of poverty and other social determinants of health.

Some of the most innovative Health Links have recognized the importance of health equity in everything they do. They have sought not just to integrate service providers within the health care system; they have reached out to include and integrate a broader range of social service providers, like those that provide housing.

Because as we work together to improve health equity—to bring services to the people who need them most—integration will only make our efforts more effective. It can only lead to better outcomes for our patients.

Today—as I’ve laid out my vision of the “why” and the “how” of the changes we hope to make—I’ve asked you to join me in envisioning a system transformed... a system that delivers equitable access to the services our patients need... A system that sends care where it’s needed most... A system that puts patients first and is singularly focused on their well-being.

We have made great strides together in moving toward that system. But there is much more work to do, and lots of changes to make.

But we can do it together. There are no partners I would rather have than this dedicated group of people who, day-in-and-day-out, strive always to provide the best care to the people who depend on us.

Over the coming months, my ministry will be actively engaging with stakeholders and the public as I develop my plan for the next steps of system transformation.

I hope you will join us, and contribute your expertise, your experiences on the front-lines, and yes, your frank advice. We can’t succeed without it.

This is not work that will be easy. But it is, ultimately, work that we have done before. It is putting patients first; it's what you do every day, and it's what you do better than anyone else.

It bears repeating—there are no partners I'd rather have as we take on the kinds of changes we've envisioned here today.

Stronger local governance. Greater integration.

And ultimately, more equity... more care...for those Ontarians who need it most.

Thank you.