

Ladies and gentlemen, distinguished guests... I am pleased to be here, like other Presidents of the OMA, to speak at this podium on behalf of patients and the physicians who care for them. And I am very grateful for the chance to speak to you today, because we have an opportunity in the upcoming months to do what is needed for our patients: Create an effective health care delivery system for the 21st century.

Health care in Canada is at a crossroads. And the imminent release of the Romanow Commission report on the Future of Health Care in Canada may well determine the direction we take. One road leads to a worsening crisis with unacceptable consequences for patients, physicians and governments. A second road leads to timely access to quality care for all Canadians.

Today I want to speak to you about that second road. In fact, I want to give you a checklist that will allow you to determine - for yourself - how effective Commissioner Romanow's recommendations will be in reversing the downward spiral that our health care system faces today.

I stand before you feeling a complex set of emotions - - trepidation - despair - and hope - at one and the same time. I feel trepidation because I can't yet be certain which road the Romanow Commission will recommend we travel.

I despair because I know firsthand the toll that the current crisis in healthcare is taking on patients. However, I am hopeful because Mr. Romanow confidently claims that he will produce a clear roadmap that will lead us out of the current crisis in accordance with his mandate, which is, and I quote:

"To recommend policies and measures to ensure the long-term sustainability of a universally accessible, publicly funded health system - a health system which offers quality services to Canadians, and strikes a balance between investments in prevention and health maintenance, and investments directed to care and treatment." (End of quote)

Let me speak a bit more about why I despair. For over 26 years I have cared for patients in my office, in the local hospital and the Emergency Room on the front lines of health care delivery. You have all heard the horror stories about the problems in the system and regrettably I can tell you they are true.

As a physician I am frustrated that all too often I just can't do what I have been trained to do: provide timely access to quality care for my patients. But it is even more frustrating and stressful for patients and their families.

I regularly care for patients who need tests and referrals to specialists that seem to take forever, causing delays in commencing treatment.

I hope Mr. Romanow will offer concrete recommendations to Canadians to correct this unacceptable situation.

To succeed, the OMA believes Mr. Romanow must effectively rebuild the four interdependent pillars upon which rest timely access to quality care.

These four pillars are:

1. Health care human resources
2. Co-ordination of care of patients by family doctors, known as primary care
3. Funding,
4. The Canada Health Act

These pillars are crumbling. And without rebuilding them our much beloved system will collapse! And, if you think quality health care is difficult to access now, in a very short time it will become completely impossible for you to receive the care you need and deserve.

But how will Canadians be able to judge whether or not Mr. Romanow's report meets the high expectations he has set, and more importantly, meets their health care needs going forward? How will they know whether the road he recommends is the right one?

To succeed, the Romanow report must recommend solutions for the urgent problems facing each of the four pillars on our checklist. But please understand, this is not a shopping list. This is not an a-la-carte menu. Picking one item and ignoring others, is simply not a viable option.

During our time together this afternoon I want to review the checklist with you, and to explore each issue in brief.

As the President of the Ontario Medical Association, representing 25,000 physicians who care for close to 12 million patients, I will use Ontario's experience as the context for my remarks.

The first pillar on our checklist calls for adequate health care human resources. The most critical problem facing medical care in Ontario is the acute shortage of doctors, as well as nurses and other health care providers.

Mr. Romanow must recommend concrete solutions to the serious problems, which from the perspective of the OMA, obviously relate to the critical doctor shortage. Because doctors are the anchor of any health care delivery system. And without the right number or the right kind of doctors you simply do not have the expertise required to provide proper medical care for patients

We need solutions that will make Canada self sufficient in meeting its need for doctors. Solutions that span the entire cycle of a doctor's career from the time he or she enters medical school to retirement...because at least 900,000 Ontarians currently do not have timely access to the expert medical care that only a physician can provide.

To put that in perspective, think about virtually the entire population of Nova Scotia having only marginal access to doctors. A quarter of Ontario's family physicians and a third of specialists are over the age of 55. The provincial government recognizes the problem and has commissioned 2 reports: The 1999 McKendry Report and the 2001 George Report. But even in that short time the doctor shortage increased by 60 percent.

Unless there are enough doctors to meet the expanding needs of our growing and ageing population, all other proposed solutions to the health care crisis will be moot. I won't list the reasons for the doctor shortage here. There are many. Suffice it to say that doctors are an internationally sought after resource in critically short supply. So looking overseas for our solutions is not the answer.

We need to be self-sufficient in something as essential as producing doctors. There is a way to achieve that self-sufficiency and the Ontario Medical Association has invested considerable time and effort to map that route. We have written a position paper detailing a series of recommendations, which we believe provide the framework to solving the doctor shortage. I won't discuss them all now - they are on the OMA website.

But I want to highlight the cornerstone of our recommendations' the establishment of an independent and permanent "Office of Physician Workforce Policy and Planning." This office would collect the essential data needed to determine physician workforce priorities, and plan against those priorities.

Why? Because we need to know how many doctors we have, how many we need now and will need in the future, what mix we need now and will need in the future. And how we can avoid recurring cycles of over and under supply. Because doctors are not quickly produced. It takes ten to thirteen years of education to produce a doctor. We can't just decide today that we need more doctors tomorrow and simply make it happen. Significant long term planning is essential.

Of course, physicians don't work in a vacuum. For the system to work efficiently and effectively, we need other vital health care workers in adequate numbers. It takes a team led by a doctor -- including nurses, physiotherapists, occupational therapists and others working together for our patients.

It perplexes me that physicians have been accused in some quarters of blocking the integration of nurse practitioners into the health care system in Ontario. I'm here to tell you that nothing could be farther from the truth.

Physicians more than anyone, understand the benefits that nurse practitioners bring to patients, physicians and to the system as a whole. So does the public - our patients – they want nurse practitioners in the system, but working with physicians.

A recent OMA public opinion poll finds that fully 90 % of the public “want an approach where Nurse Practitioners and doctors share care of patients and work together, but a doctor maintains control over patient treatment and care.”

We already work with nurse practitioners, and indeed all our allied health care providers, around this province every day in close, collegial and collaborative relationships focused on patient care. We need more nurses and we need more doctors. But nurses cannot replace doctors.

Doctor shortages don't impact patients alone. They have negative consequences on all the health care providers in the system who are working flat out to meet the needs of patients in increasingly difficult circumstances.

Commissioner Romanow himself acknowledged this in a recent speech to the Canadian Medical Association when he quoted the Canadian Policy Research networks in saying, and I quote:

“The quality of work life among health care workers has deteriorated to the point where it is impeding the capacity of the system to provide effective patient care.”

(End of quote)

As you consider the Romanow report, we submit that evaluating how it recommends we solve the critical shortage of health human resources, beginning with the doctor shortage, should be your first order of business. Because providing adequate health care human resources is the first pillar in making Canada the best place in the world to receive and deliver timely access to quality medical care.

Second Mr. Romanow must recommend voluntary options for restructuring the coordination of patient care by family physicians. Otherwise called primary care reform. The delivery of primary care must evolve to adapt to our changing health care environment and to provide flexibility for the future. Groundbreaking work on new models of primary care has already taken place in Ontario with a partnership between the OMA and the provincial Ministry of Health and Long Term Care. We hope that the Romanow report will build on the vital principles that have guided this work in Ontario thus far. Those principles include:

- Voluntary participation for both patients and physicians
- Enhanced continuity of care
- An emphasis on wellness and prevention

- The integration of other providers - with physicians acting as the gatekeepers to the system
- The creation of a robust new information technology platform enabling better access to health care information
- And of course with all of these initiatives, doctors guaranteeing the protection of private patient information.

The process of reforming primary care in Ontario has been undertaken carefully and prudently, as one would expect when dealing with complex new models for health care delivery, funding and patient care. It is essential that the Romanow Report act as a catalyst to get it right so we can explore and implement better models of primary care.

It is also essential these options remain voluntary for both patients and physicians. Because giving patients and doctors the option to restructure primary care is the necessary second pillar in making Canada the best place in the world to receive and deliver timely access to quality medical care.

Third, Mr. Romanow must recommend, he must insist, on increased and sustainable funding if we are to have any chance to succeed in rebuilding our health care system.

How are we going to pay for our growing and ageing population's increasing health care needs? And, who is going to pay?

Because the OMA strongly believes no Canadian should be denied access to health care due to inability to pay. We applaud the federal government's commitment in its most recent Throne Speech to increase substantially, health care funding in February of next year. We hope that commitment means that the federal government will increase its share of health care funding to achieve a 50/50 split with the provinces, as Medicare originally envisioned. Increasing funding is one thing, and we agree with the report just released last week by Senator Kirby that it is mandatory. But providing sustainable funding is quite another.

On this issue, the Ontario Medical Association's position has been consistent and frank from the beginning. The search for funding solutions cannot be limited to a narrow exploration for greater efficiencies and better management. We say to Mr. Romanow, without new sources of sustainable funding we will only succeed in putting band-aids on our health care wounds. How can we consider expanding Medicare or introducing Pharmacare when we even can't afford what we have now?

Because guaranteeing sustainable funding is the third pillar we need to make Canada the best place in the world to receive and deliver timely access to quality medical care.

And fourth, Mr. Romanow must recommend the modernization of our antiquated and ineffective Canada Health Act.

Now let me re-state unequivocally and for the record, the Ontario Medical Association believes in the spirit of the Canada Health Act. Period. This has been our long-enunciated position. But it is clear to us, and to most observers, that the Act is not helping Canada to meet the health care needs of its people, and the principles of the Act are not being totally fulfilled.

The reason is simple. The Canada Health Act has not been amended since it was written in 1984. In the interim the entire health care environment has changed dramatically and permanently. Could your business function effectively today if it was operating with a technology platform from 1984? -- It would probably have imploded by now.

Since 1984 advances in medical knowledge and technology have exploded and will continue to explode. Since 1984 our population has grown and aged, and both trends will become more pronounced. This means that heart disease, stroke, diabetes, Alzheimer's and other diseases will have a greater and greater impact on the health care system.

The Canada Health Act did not anticipate these changes nor is it designed to provide the flexibility necessary to keep pace with such rapid change. As I said, the OMA respects and values the five principles of the Act:

- Universality;
- Accessibility,
- Portability,
- Comprehensiveness
- And, public administration.

Yet, everyone knows the struggle we are having trying to meet these principles. In addition, there are a number of equally critical issues that the Act does not address at all. The Act does not address quality. We are in the midst of a national debate on providing timely access to quality care and the Canada Health Act does not address this issue.

The Act does not address accountability. The OMA believes that health care providers, governments and patients must all be accountable within the system. Today, our federal government is failing to meet its funding responsibility - but there is no mechanism within the Act to hold the Government to account.

The Act does not address sustainability of funding. Governments must agree on funding models that are both predictable and flexible enough to manage changing circumstances. Also the Act does not define medical necessity although it speaks about providing medically necessary services.

The Auditor General noted as much in her recent report when she said, and I quote:

"The term 'medically necessary' is not defined in the legislation, and may be interpreted differently in each province. Further, the provinces and territories do

not use a uniform method for determining which services are medically necessary.”

As a result standards of insured services differ across the country, sometimes significantly. By not defining medical necessity, the Act has created a health care void that violates its very spirit. Canadians need to know, they need to decide, which services are to be funded and which are not.

Because the modernization of the Canada Health Act is the fourth pillar we need to make Canada the best place in the world to receive and deliver timely access to quality medical care.

In the coming weeks we will be able to review the report to assess whether Commissioner Romanow has seized the opportunity to create an effective health care delivery system for the 21st century. As you draw your own conclusions, please remember the four interdependent health care pillars on our checklist:

1. Providing adequate human resources – particularly doctors and nurses.
2. Restructuring primary care within a voluntary framework.
3. Guaranteeing increased and sustainable funding
4. Modernising the Canada Health Act

And ask yourself these questions:

- Has the Romanow report effectively addressed the desperate shortage of doctors, nurses and other healthcare providers with workable short and long-term recommendations?
- Do the recommendations do enough to catalyse the process of evolving primary care?
- If so, do they respect our fundamental principles?
- Does the report insist that governments agree on guaranteed, increased and sustainable funding solutions?
- Finally, has Mr. Romanow addressed the urgent need to renew the Canada Health Act?

Do his recommendations address the critical issues that the Act does not address today: If so, do his recommendations include the ability and flexibility to respond to the as yet unforeseen needs of the health care system in the future?

And before I conclude – one final point. If the answers to these questions is yes – it is imperative that the implementation process begin immediately. Time has run out. The road, which leads to timely access to quality health care for all Canadians must be taken now.

Thank you for this opportunity to share our checklist with you. However, I still feel trepidation, despair and hope. I still wonder which road Commissioner Romanow will recommend we travel.

Please, review his report closely, judge it against our checklist. Pose the questions I just posed, and when you have made your own determination - make your voices heard.

Our voice says "Mr. Romanow, make Canada a country where 'timely access to quality health care' is not a catch phrase – but a reality." Make Canada the best place in the world to receive and deliver medical care.

Thank you.