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A prescription for health care reform:

From myth to dialogue to solutions

Notes for Remarks

By

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to the

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Check against delivery

Thank you for your kind welcome and for the opportunity to address one of the country's leading organizations. It is an honour for a family doctor from Windsor to appear on the same platform from which leaders of countries and international corporations have spoken. Their remarks covered the sweep of global political and economic developments.

My perspective, however, and the focus of my remarks today, is much closer to home. But it is shared by everyone in this room, with Ontario's 23,000 physicians, and with our 11 million patients. It directly affects each of us regardless of gender, age or occupation. And it has the potential to divide us in the coming years like few other public policy issues.

I am referring to the current and future challenge of providing the patients in my community, and yours, with quality and accessible health care.

There is a crisis in health care now - and the future looks even more daunting.

- I want to make my case by outlining three propositions:
- The first is that our health care system faces an unprecedented crisis.
- The second is the need for dialogue about the kind of health care system Canadians want for themselves, and their families.
- And the third is the urgent need to develop and implement the solutions needed to ensure a stable, and sustainable, system of care in future years.

I approach these issues specifically from the perspective of my colleagues on the front lines of health care -- doctors trying to provide our patients with the best possible care under increasingly difficult circumstances.

My thoughts are guided by the mission statement of the Ontario Medical Association -- to serve both the medical profession and the people of Ontario in the pursuit of good health and excellence in health care.

My thoughts are also guided by lessons I learned from my grandfather, who was also a family doctor. Starting at the age of four, I can vividly recall riding with him on his rounds to make housecalls to his patients in town and on the farm.

At that time, patients had access problems -- no transportation -- language barriers and little in the way of finances. But he was there to help them overcome these obstacles.

One of the greatest privileges that I have as a physician is to continue to provide care for many of the same patients my grandfather treated and in some cases, even delivered. So let me begin by addressing the current state and future trends of patient care in Ontario. In doing so, we first have to challenge the myth that there is no crisis.

The cold facts, which we all recognize from their dominance in the news, suggest otherwise:

Unacceptably long waits for:

- * Access to health care providers

- * Diagnostic Tests
- * Specialty Treatment
- * Emergency Care
- * And, Hospital Beds, to name a few

These realities are largely caused by the increasing demand for medical care by a growing and aging population. And that demand is going to get much higher.

The numbers speak for themselves. Currently Ontario's population is about 11 million people. The Conference Board of Canada projects that it will grow to 14 and a half million people by the year 2020. Even more significant, the number of Ontarians age 55 and older will grow to represent about 30% of our population. This will mean that the number of people over 55 will equal the current population of the entire metropolitan Toronto area.

A growing population guarantees a sharp increase in the demand for medical care. And that demand is heightened when that population is aging. For example, people in their 70s use five to six times more medical health services per capita than those in their 30s and 40s.

The difference is even more pronounced when you compare the cost of health care services at both ends of life. The annual average cost to treat a child is about \$1,600 a year. But it costs \$11,000 a year to treat one of their grandparents. And regardless of whether our patients are children or seniors, they all face delays in accessing the care they need.

When I began practising medicine nearly twenty years ago, the very idea of waiting for care in Ontario would have seemed farfetched. How the world has changed --- waiting lists have become the norm rather than the exception. They are now a fact of life.

Ask anyone who serves on the front lines of the health care system. And compare their recent experiences to the way things used to be.

In my own community of Windsor, for example it now takes:

- Six months to obtain a hip replacement.
- Five months to get a CAT scan
- One of my patients waited more than a year for cardiac surgery
- And some of our cancer patients still have to go to the United States for their treatment.

People are on waiting lists just to get onto other waiting lists for the treatment they need. So it has come to the point where we have waiting lists to get on waiting lists.

These delays inject tremendous uncertainty and instability into the lives of our patients. Even more important, they have real medical consequences. The OMA surveyed its doctors and asked if delays in treatments caused by waiting lists have had a negative effect on the health of their patients. 92% said yes. 9 out of every 10 doctors in this province said that the health of their patients is compromised by waiting lists.

So I suggest there is a severe disconnect between those who say there is no crisis on the one hand, and the practical experience of patients and frontline health care providers on the other. Call it a crisis, call it a problem, call it anything you like – just don't deny that something is terribly wrong. And if things do not change soon, the situation will get substantially worse. Others have reached this conclusion as well.

Consider the number of reports issued in recent months by organizations like the

- C.D. Howe Institute
- The Conference Board of Canada, to name only two.

They point to one conclusion: our health care system faces a number of fundamental, serious problems. And they have to be addressed now so that our patients will get appropriately treated.

But treated by whom? I am here today not only as head of the Ontario Medical Association but as a family doctor on the front lines and I can tell you from experience – the fact is, there are simply not enough family physicians and specialists to meet the needs of our current and future patients.

Just as the profile of the overall population is changing, so too, is that of Ontario's physicians. To begin with, there are fewer of us than in past years.

Literally hundreds of physicians have chosen to leave Ontario and practise elsewhere. Even though some have come back, the number of doctors leaving Ontario has outnumbered those who have returned in every year since the early 1980s.

Today we have a net loss equivalent to one full graduating medical school class each year. Regrettably, this trend shows no sign of abating. Last year nearly 30% of the doctors we surveyed said they were seriously considering leaving Canada to practise elsewhere.

These departures reflect a truly international shortage of physicians and other health care providers; this is not just an Ontario phenomenon. That is why other jurisdictions have been so active, and successful, in recruiting our doctors and our nurses.

We must make Ontario an attractive place to practise medicine again – so this exodus can be permanently reversed. The impact of this current exodus is made even worse by the fact that there are fewer physicians being trained in Ontario.

A decade ago, against the advice of the OMA and other health care organizations, governments reduced medical school enrolment by 10%.

Because of this there are now 600 fewer doctors available to meet the needs of Ontario's patients. To its credit, the government of Ontario has recently announced an increase of 40 student positions in the province's medical schools.

But welcome as this is, 40 is simply not enough. We must be self-sufficient in producing the doctors that Ontario needs. The OMA believes that we require at least 120 additional positions annually to make up for the mistakes made a decade ago.

According to the government's own report, conducted by Dr. Robert McKendry, Ontario is already short about 1,000 physicians. In other words, even if Ontario had not cut medical school positions, we would still be substantially short of needed doctors.

I am delighted that Dr. McKendry could join our head table today. I want to thank him for the work his Commission did as an independent fact finder and acknowledge his confirmation of a critical shortage of doctors in Ontario.

The health ministry itself has identified 109 communities as being underserved in terms of medical care. Seventy-five are right here in southern Ontario. Places like Windsor, Kitchener-Waterloo, Cambridge and the Niagara region. So the problem has literally come within sight of the CN Tower.

The McKendry Report moved the Ontario government to commission Dr. Peter George of McMaster University, to examine the issue further and recommend solutions. The OMA is urging the provincial government to move quickly and release the George Report so that its recommendations may be examined by our joint Physician Services Committee.

Then hopefully we can move toward the prompt implementation of appropriate solutions to address our physician shortage.

In the meantime, Ontario's physicians are doing everything we can to meet the health care needs of our patients. Like many of you, we are working longer and harder. Yet we are finding it increasingly difficult to keep pace with rising demands for medical services.

Three-quarters of family physicians, already are struggling to meet the needs of their existing patients, are unable to accept new ones.

As well, many family doctors have had to resign their hospital privileges in order to focus solely on their office practice - thus increasing the burden on already overburdened specialists.

And like the population in general, doctors are aging. The average age of a doctor in Ontario is now fifty. That number is much higher for surgeons, obstetricians and other specialists. For example, one-quarter of neurosurgeons, and fully one-third of general surgeons, are over the age of sixty.

We now face a critical challenge as these doctors near retirement. Our surveys indicate that nearly 25 per cent, or one in four of Ontario's physicians will retire by the year 2005. That's just four years from now. And doctors are retiring faster than new doctors are entering the system.

On top of this, the number of patients a doctor is expected to treat will increase radically during the next 20 years.

While there are currently 580 patients for each doctor, that number is expected to reach 900 patients for every doctor in 2020. That is a dramatic 50 per cent increase in patient responsibility. The projected numbers for the year 2020 are even more alarming when you consider that the type of care required by seniors is more complex and time consuming for physicians. These figures add up to dramatically longer waits for not only surgical procedures and, cancer care, but also for routine family doctor appointments. In other words, the facts paint a distressing picture -- that of a crumbling and ineffective health-care system—obviously something we all want to avoid.

Getting more doctors is one thing. Getting the funding to pay for them is quite another. Government funding required to train and or recruit the additional health care professionals needed to cope with future health care demands will be enormous. The potential impact on the public purse has been examined, and the trend lines are not encouraging. Last fall, the first ministers of Canada agreed to restore federal health care funding to 1994 levels.

This means health care budgets are firmly stuck in catch-up mode. Ottawa will still only be contributing 13 cents of every health care dollar spent in Ontario. It used to be 50.

On the provincial level, health care spending already accounts for roughly one-third of Ontario's budget. The Conference Board of Canada and other research organizations suggest this figure could increase to nearly one-half of the provincial budget by 2020.

This can only lead to divisiveness. The Conference Board also predict this dramatic rise in health care spending will create tension between other areas of government responsibility. Areas such as education, transportation and law enforcement will find less money available if health care costs continue to consume more of the public tax base.

The title of a recent paper by the C.D. Howe Institute posed the question in its simplest terms: Will the Baby Boomers Bust the Health Budget? Unless something is done to reverse current trends, the answer is a definite YES! Now, all of this points to the urgent need for a broad public discussion about the challenges facing the health care system and the possible solutions.

That is why the medical profession, through organizations such as the OMA, the BCMA, and our colleagues at the Canadian Medical Association, are encouraging a public dialogue on the future structure, funding and delivery of health care.

For its part, the Ontario Medical Association is committed to a "Made-in-Canada" solution, with a strong, publicly funded health care system that preserves the spirit of the Canada Health Act.

Our view is that the patients who rely on health care services, and who fund our system through their tax dollars should determine the health care system and the legislative framework that reflects their priorities and values.

We hope that this dialogue will continue to expand, and ultimately lead to the establishment of a sustainable health-care system. I think the examination of the role of the Canada Health Act, which hasn't been amended since 1984, should be part of this dialogue.

Physicians are also working to reform the way in which medical services are provided. The OMA, in partnership with government, has played the leading role since the early 90's in pursuing the reform of primary health care delivery in Ontario. The initiative I refer to is known as Primary Care Reform, or PCR. It involves rostering patients with a physician who works within a network of health care providers.

We have worked very hard with the provincial government to establish viable PCR pilot sites in seven communities across the province.

The goals of primary care reform include:

- The enhanced continuity of care,
- A stepped up focus on prevention and healthy living,
- 24-hour access to health advice through a dedicated telephone helpline,
- And, improved communication through increased use of information technology.

Primary care reform is a voluntary exercise which currently involves about 130 family doctors and more than 200,000 patients. After April 1st, PCR will be made available throughout Ontario to other interested physicians and communities on a voluntary basis. This undertaking has been extremely challenging.

As I'm sure this audience can appreciate, the implementation of a new business model for health care delivery, along with a unique overhead and revenue structure, and enhanced patient service, entails a significant amount of capital, time and commitment. We look forward to working with government to monitor and evaluate the merits of primary care reform.

I'd like to add that while information technology can bring enormous benefit, to the health-care system. -- But I must strongly emphasize that the OMA will not support any use of information technology or legislation that jeopardizes the confidentiality of our patients' medical records. We support the need for health privacy legislation if it does not violate the sanctity of the doctor-patient relationship.

And, just before I conclude, one more point on medical education. Just as many patients have difficulty in accessing medical care, many prospective doctors have difficulty in accessing their medical education. In 1997 the government of Ontario deregulated tuition fees for various undergraduate professional programs, including medicine, without adjusting the student assistance programs. The result is that the average debt incurred by students during their medical education can exceed \$100,000.

Last year, the OMA established the Ontario Medical Student Bursary Fund to help remedy the situation. It has already raised more than two million dollars from physician and corporate donors. It will provide tuition assistance to deserving candidates. Our goal is to ensure that no student ever has to say "that they were accepted but could not afford to attend medical school in Ontario."

These are just a few examples of ways the OMA is addressing the critical issues that confront our health-care system. I should also mention the important work done by the provincial government and the OMA through our joint Physician Services Committee. Over the last four years we have identified and implemented practical solutions to many challenging problems and we look forward to carrying on with this work.

But, government and physicians cannot do this work alone. Everyone in this room needs to be concerned about the future direction of health care in Ontario, and indeed, across the country. Not only do you need to be concerned, you need to become engaged in the search for sustainable solutions. I have explained why, as patients, you need to be concerned that in the future, our health-care system may not be there for you and your loved ones.

As business leaders -- you must also be concerned for quite another reason - Maintaining Ontario's competitiveness in the North American marketplace. Put simply, businesses located in Ontario enjoy the benefit of reduced health care costs. This can be a strong competitive advantage particularly when viewed in the context of our counterparts to the south.

For example, my home town of Windsor enjoys a strong automotive base. The local economy has remained buoyant throughout the past decade, in part due to the reduced health care costs made available to manufacturers who rely on Canadian production. The competitive value that our health care system offers will have a direct impact on the future strength of our economy.

In closing, I will reiterate that the Ontario Medical Association is committed to continue to work in partnership with governments and other care providers, to achieve cost-effective, workable solutions that best serve the interests of our patients and our communities. Each of you must play a role in this process as well. Participate in the Dialogue. You are among the most active, involved and knowledgeable members of the community. Put those qualities to work. Take your individual concerns and ideas about our health-care system directly to the people you know, and to those determine public policy at Queen's Park, on Parliament Hill and in your local hospital boardroom.

Your voices must be heard if we are to ensure quality, affordable and sustainable medical care that reflects our shared values as Canadians. But make no mistake, the time to act is now. The challenges facing us are many, and they are intimidating. However, if we work together, I know that we can meet those challenges. I know that we can beat them.

Our patients and the people of Ontario deserve nothing less.

Thank you.