

## SECTION D: EXPANDING OPPORTUNITIES FOR BETTER HEALTH

### OVERVIEW

Expanding opportunities for Ontarians to achieve better health is one of the McGuinty government's top priorities. Since taking office, the government's plan to achieve better health care has focused on four key strategies: shortening wait times for key procedures, increasing access to health professionals, promoting wellness and preventing illness, and improving efficiency and accountability.

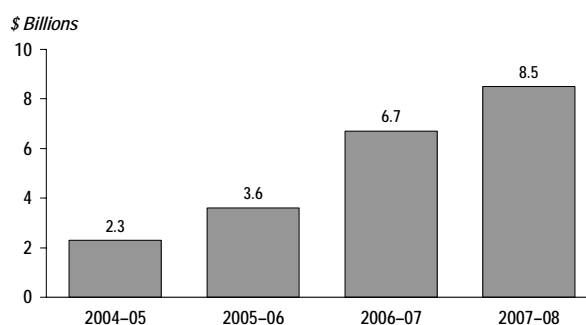
Building on the investments made to date, this Budget proposes \$37.9 billion in health sector spending in 2007–08, a 29 per cent or \$8.5 billion increase from the 2003–04 level of \$29.4 billion. (See Chart 11.)

In 2007–08, this Budget includes additional funding of:

- \$135 million to further reduce wait times, including wait times for pediatric surgeries
- \$43 million to provide full-time employment opportunities for new Ontario nursing graduates and another \$14 million for more nurses in long-term care homes, to bring the total number of nurses hired since 2003 to over 8,000 by the end of 2007–08
- \$34 million to improve access to health professionals
- \$143 million to improve access to emergency care
- \$2.5 million for the Communities in Action Fund to encourage Ontarians to participate in sports and other physical activity, bringing the total investment to \$7.5 million annually
- \$64 million in e-Health initiatives
- \$7 million to expand addiction treatment programs
- approximately \$20 million, growing to approximately \$40 million per year, to support a new colorectal cancer screening program for all Ontarians aged 50 and older.

**Priority Spending in Health Sector:  
Spending Increases Since 2003–04**

**Chart 11**



Source: Ontario Ministry of Finance.

These new investments build on the results achieved to date, including:

- shorter wait times and more medical procedures. For example, cataract patients are being seen 128 days sooner than in 2005 and the government has provided about 58,000 more cataract surgeries since 2003
- better access to primary care — more than 500,000 Ontarians who did not have a family doctor now have one and 150 Family Health Teams (FHTs) are planned to be up and running by the end of 2007–08; it is anticipated that these FHTs will serve more than 2.5 million patients
- creation of Ontario’s first Ministry of Health Promotion, which, among other things, has implemented the Smoke-Free Ontario Strategy
- preventing illness by providing free-of-charge immunizations against three childhood diseases and putting the Ontario breast screening program on track to complete over 600,000 screens per year by 2010–11
- funding insulin pumps and related supplies for children with Type 1 diabetes as well as creating 77 new and enhanced community diabetes education teams
- establishing 14 Local Health Integration Networks (LHINs) to work with health service providers and community members to act on local priorities.

## ACHIEVING BETTER HEALTH

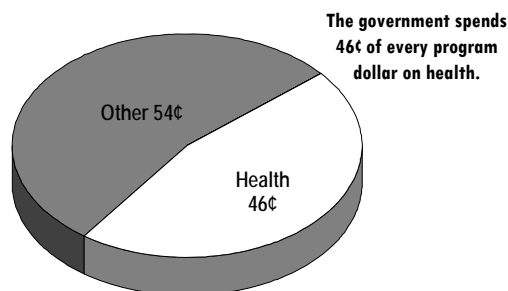
The Ontario Government has invested significantly in transforming the sector to meet patients’ needs and create a sustainable health care system. These investments are focused on four key strategies to achieve better health:

- shortening wait times for key procedures
- increasing access to health professionals
- promoting wellness and preventing illness
- improving efficiency and accountability.

The government has made significant progress on its key priorities and will continue to make important health investments. Spending in the health sector will be \$37.9 billion in 2007–08, rising to \$39.8 billion

2007–08 Program Expense

Chart 12



Note: Health program expense includes Hospitals, and Ministries of Health and Long-Term Care and Health Promotion.

in 2008–09 and \$41.5 billion in 2009–10. The following details the progress made to date on these priorities and proposed new investments in 2007–08.

## Shortening Wait Times

Ontario's Wait Time Strategy improves access to health care and reduces patient wait times in five areas: cancer surgery, cardiac procedures, cataract surgery, hip and knee replacements, and magnetic resonance imaging and computed tomography (MRI/CT) scans. In this Budget, the government is announcing that it plans to add pediatric surgeries to the strategy.

From 2003–04 to 2006–07, the Ontario Government invested nearly \$1 billion in its Wait Time Strategy, primarily to provide more procedures, improve surgical efficiency, and develop a comprehensive wait time information system to track and monitor wait times. The government also invested in the creation and expansion of hospital facilities. See Section G: *Investing in Ontario's Infrastructure* for further details.

Ontario's Wait Time Strategy is working. Wait times are down for all procedures included in the strategy. Key wait times reductions since 2005:

- cataract surgeries: wait times down 128 days or 41 per cent
- knee replacements: wait times down 133 days or 30 per cent
- cancer surgeries: wait times down 13 days or 16 per cent.

With this Budget, the government's Wait Time Strategy would:

- provide approximately 11,900 hip and knee replacements, 31,900 cataract surgeries, 6,300 cancer surgeries, 151,000 MRI exams and 71,800 CT scans per year
- increase rehabilitation services to support patients who have received hip and knee replacements
- provide funding to reduce wait times for pediatric surgery; this would include more than 10,000 surgeries over four years
- expand the Wait Time Information System to eventually capture all surgeries in hospitals currently receiving wait times funding. Ontarians can access wait times data for the five key areas through [www.ontariowaittimes.com](http://www.ontariowaittimes.com).

### More Procedures to Shorten Wait Times

The number of procedures has increased significantly since 2003–04:

- MRI scans: increase of 78 per cent
- hip and knee replacements: increase of 50 per cent
- cataract surgeries: increase of 39 per cent
- cardiac surgeries: increase of 27 per cent
- CT scans: increase of 15 per cent
- cancer surgeries: increase of 11 per cent

## Improving Access to Nurses, Doctors and Other Health Professionals

Ontarians depend on nurses, doctors and other health professionals across the province to provide care. The government's innovative health-human-resource strategy, HealthForceOntario, helps facilitate the right mix, supply and distribution of human resources across the province. Key components of this strategy include:

- hiring over 8,000 more nurses since 2003 — in this Budget, the government delivers on this commitment through an additional \$43 million, bringing the total to \$89 million, to provide every new Ontario nursing graduate with an opportunity for full-time employment, and an increase of \$14 million for more nurses in long-term care homes
- training more doctors — first-year medical school enrolment is being increased by 23 per cent between 2004–05 and 2009–10; assessment positions for international medical graduates have more than doubled to 200 per year, up from 90 in 2002
- supporting other health professions — the government has supported a diverse range of health services by regulating traditional Chinese medicine and proposing legislation to regulate naturopathy, homeopathy, kinesiology and psychotherapy
- attracting qualified health care professionals — through the HealthForceOntario Recruitment Centre and a listing of current employment opportunities, available at [www.healthforceontario.ca](http://www.healthforceontario.ca).

### Revitalizing the Nursing Workforce

#### Hiring More Nurses

- bringing the number of nurses hired since 2003 to over 8,000
- providing an additional \$43 million, bringing the total to \$89 million, to support full-time employment opportunities for Ontario nursing graduates in 2007.

#### Creating a Better Working Environment

- increasing the share of nurses working full time from 50 per cent in 2004 to 60 per cent in 2006
- supporting late-career nurses so that new nurses benefit from their knowledge, skills and experience
- purchasing \$103 million of safety equipment — such as patient lifts, electric beds and safety alarms.

#### Expanding Education and Training

- increasing nurse practitioner spaces from 75 in 2004 to 150 in 2006 and ongoing
- providing critical care training to 450 nurses per year
- purchasing \$20 million for clinical simulation equipment.

## **Improving Access to Emergency Care**

Emergency departments are a critical point of access in the health care system. The government is improving access to emergency care by investing an additional \$143 million in 2007–08 through the Emergency Department Action Plan. The plan is:

- improving physician coverage in, and increasing the efficiency of, emergency departments across the province
- providing more care in the community, by investing \$35 million in more home care services and supports to keep people healthy at home
- supporting the development of 1,750 new long-term care beds and replacement of 662 long-term care beds to help discharge patients from hospitals.

## **Better Access to Primary Care**

Primary health care is often the initial point of contact for patients in the health system. The government is transforming and improving the delivery of primary care through FHTs. Family Health Teams consist of doctors, nurse practitioners, nurses, dietitians, pharmacists, social workers and other health providers, who provide comprehensive care, seven days a week.

- By the end of 2007–08, 150 FHTs are planned to be fully operational across the province in both urban and rural settings.
- Family Health Teams will provide care to more than 2.5 million Ontarians in 112 communities.
- By 2007–08, the number of Community Health Centres (CHCs) will rise to 76 from the current 54 and the number of satellite CHCs will rise to 27 from the current 10. These new CHCs and satellites will serve an additional 200,000 people.

## **Promoting Wellness and Preventing Illness**

Preventing Ontarians from getting sick is central to the government's plan for health care. This is why the government is focusing on healthy and active living, illness prevention and health promotion. Over the long term, these investments will help manage health care costs.

### **Healthy and Active Living**

The government created the Ministry of Health Promotion, the first in the history of Ontario, to develop programs to promote healthy and active living. The ministry has implemented several initiatives including:

- The *Smoke-Free Ontario Act*, which prohibits smoking in all enclosed workplaces and enclosed public places. The act also strengthens restrictions on the sale of cigarettes and phases out the display of tobacco products. Displays are to be completely banned by May 31, 2008. Since 2003,

the percentage of individuals aged 25 and older who smoke has decreased from 19 per cent to 16 per cent in Ontario.

- Healthy Eating and Active Living, a comprehensive plan to promote healthy lifestyles across the province
- ACTIVE2010, a strategy to enhance opportunities for physical activity with the goal of 55 per cent of Ontarians being physically active by 2010.

With this Budget, the government is continuing to prioritize health promotion by:

- providing an additional \$2.5 million to the Communities in Action Fund, raising the total to \$7.5 million per year, to encourage Ontarians to participate in sports and other physical activities
- continuing the Quest for Gold lottery, which provides about \$10 million to amateur athletes to help with high-performance training and enhanced coaching, enabling Ontario athletes to excel in competitions such as the 2008 Summer and 2010 Winter Olympic Games
- providing \$2 million for the 2009 World Junior Hockey Championships to be held in Ottawa
- investing \$41 million in community infrastructure and multi-use facilities to promote physical activity, sport and wellness in various communities throughout Ontario including:
  - \$3 million for Port Colborne's multi-purpose sports complex
  - \$3 million for the Hunt Club-Riverside Community Centre in Ottawa
  - \$1.3 million for Cobourg's ice rink
  - \$1.3 million for the Moosonee multi-use facility.

### **Investing in Public Health**

A strong public health system is important in preventing illness and promoting wellness. The government has demonstrated its commitment to the public health system by:

- increasing the Provincial share of public health funding from 50 per cent in 2004 to 75 per cent as of January 1, 2007
- adding, free of charge, three new vaccines to the roster of recommended childhood vaccinations, saving families about \$600 per child
- expanding the Province's Newborn Screening program to 28 tests for genetic disorders
- increasing its support for the Ontario breast screening program to complete over 600,000 screens per year by 2010–11.

In this Budget, the government is:

- providing approximately \$20 million, growing to approximately \$40 million per year, for colorectal cancer screenings for those aged 50 and older — the first program of its kind in Canada
- providing funding for the Ontario Agency for Health Protection and Promotion, an arm's-length centre of excellence that would provide support during any future public health emergency
- providing \$1.5 million in 2008–09 — growing to \$2.5 million by 2010–11 — to enhance the regional capacity of communities to respond to HIV/AIDS. Funds will be allocated to community-based AIDS service organizations and community-based HIV clinical services. This funding will see expanded programs and services for high-risk populations
- granting \$3 million to the Heart and Stroke Foundation of Ontario, an organization that advocates using automated external defibrillators in community centres and arenas to save lives
- investing approximately \$7 million to expand addiction treatment programs. The government is also investing \$1 million for a one-year pilot project in Stratford to target producers and traffickers of methamphetamine (crystal meth) and dismantle their labs.

## **Improving Efficiency and System Integration to Meet Patients' Needs**

The Ontario Government is implementing innovative strategies to provide health care services and improve patient care, both now and in the future. Innovation includes making the best use of information technology and best practices in accountability and governance.

### **Renewing Ontario's e-Health Strategy**

E-Health involves the introduction of modern information technology that will better connect the entire health care system and improve accountability. Providing the right information at the right time and in the right place will improve outcomes, improve patient safety and make better use of existing health care resources.

Telemedicine is an example of how technology can be used to benefit patients. It provides the capability to virtually connect a patient from a remote or rural area to a health specialist in another city located hundreds of kilometres away. Today, this service is available at 359 sites and reaches more than 23,000 patients.

With this Budget, the government is providing an additional \$64 million in 2007–08 to promote its comprehensive e-Health strategy, including:

- continued progress towards a secure electronic health record for all Ontarians, which will ensure providers have the information they need to care for patients safely, no matter where they treat them

- expanding systems that provide drug and lab information as well as diagnostic images while protecting the security and privacy of patient information.

### **Patient-Centred Health Care**

Improving the way health services are planned, integrated and delivered will improve patient care and allow the cost of services to be managed more efficiently and in a way that is sustainable over the long term.

In 2005, the government created 14 Local Health Integration Networks (LHINs) to work with health service providers and community members to provide an integrated and patient-centred health care system that is focused on local needs. The LHINs will make it easier for patients to gain access to the health services they need because these services will be coordinated locally — in their communities — with all the advantages that result from local awareness. Better service integration and coordination on a community basis will mean better resource allocation.

The government will continue to work with the LHINs as they build on their planning activities and the role of funding and integrating local health services. The government will work with LHINs to realize the local priorities that the LHINs had identified in their Local Health Strategic Plans through their community engagement efforts.

The government will work with LHINs on their financial plans and will monitor and review these plans as part of the government’s annual budgeting process. In addition, accountability agreements between health service providers and LHINs, and between LHINs and the government, will ensure the responsible use of health care resources.

### **Creating a Sustainable Hospital Sector**

This year, the government worked with hospitals to put the sector on a sound financial footing before LHINs take over funding authority. Towards this goal, the government provided an additional \$115 million to help hospitals improve efficiencies and address operational pressures. As well, the ReNew Ontario plan includes funding for the construction of new cancer treatment programs in Barrie, Newmarket, St. Catharines and Sault Ste. Marie, and for the renovation and expansion of the centres in Ottawa and Kingston.

<b>LHINs AND RELATED HEALTH SERVICES PROVIDERS</b>		<b>TABLE 5</b>
<b>Sector</b>	<b>Share of Total LHINs’ Transfer Payment Budget in 2007–08</b>	
Hospitals	71%	
Long-Term Care Homes	13%	
Community Care Access Centres	9%	
Community Mental Health	3%	
Other	4%	

*Source: Ontario Ministry of Health and Long-Term Care.*

Creation of a sustainable hospital sector goes beyond funding. The government introduced and implemented Hospital Accountability Agreements (HAAs) that set clear expectations around performance and funding for two years. For each hospital, an HAA provides:

- negotiated performance targets on service volumes
- multi-year operating funding targets that facilitate better and longer-term planning.

### Ensuring Value for Money

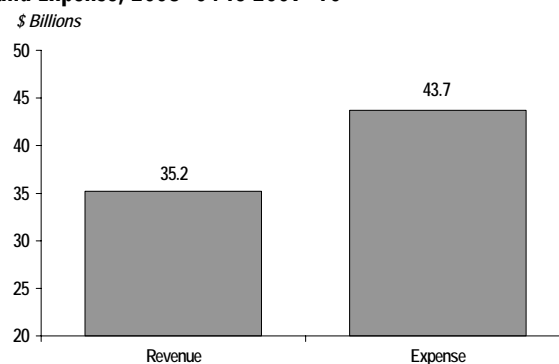
The government has also initiated the Province’s drug strategy, including the proclamation of the *Transparent Drug System for Patients Act*, to reform the provincial drug system and deliver better value for money to Ontario’s taxpayers. This act improves patient access to drugs through new review processes for new drugs. It also recognizes the valuable role that pharmacists play in providing enhanced patient counselling.

## DETAILS OF INVESTMENTS IN THE HEALTH SECTOR

Since taking office, the government has made strategic investments and achieved tangible results. The introduction of the Ontario Health Premium (OHP) has helped to ensure the government’s ability to maintain health services. Every penny of the OHP goes towards improving Ontario’s health care system. In 2006–07, revenue from the OHP generated \$2.6 billion, representing 7.2 per cent of total expenses for the Ministries of Health and Long-Term Care and Health Promotion.

Health-related revenues, including federal transfer payments, Employer Health Tax, OHP and selected net proceeds from the Ontario Lottery and Gaming Corporation, are expected to increase by \$667 million to \$17.4 billion in 2007–08. It should be noted that all health-related revenues contribute only a portion of total health-related spending. In 2007–08, health-related revenues are expected to amount to 46 per cent of the \$37.9 billion required for the Ministries of Health and Long-Term Care and Health Promotion.

**Cumulative Change in Health-Related Revenues and Expense, 2003–04 to 2009–10** Chart 13



Source: Ontario Ministry of Finance.

**EXPANDING OPPORTUNITIES FOR BETTER HEALTH<sup>1</sup>**  
**(\$ BILLIONS)**

**TABLE 6**

	Change from 2003–04 to 2007–08
Hospitals — increase in payments for direct hospital activities, including funding for additional surgical and diagnostic procedures related to Ontario’s Wait Time Strategy.	2.7
OHIP Services — to fund services provided by physicians and other health care practitioners, including the implementation of 150 new Family Health Teams.	2.5
Ontario Drug Programs — primarily for increased utilization.	0.8
Long-Term Care — to enhance the quality of care provided to over 75,000 residents of long-term care homes and to increase long-term care capacity.	0.8
Community Services — to expand home care, community support services and supportive housing.	0.6
Public Health including Health Promotion — to increase funding for public health programs including those delivered by public health units, immunizations, and for health promotion and illness prevention activities.	0.5
Other — including Cancer Care Ontario, mental health, emergency health services and other programs. <sup>2</sup>	0.6
<b>Total Increase in Funding</b>	<b>8.5</b>

<sup>1</sup> Figures reflect major operating transfer payments in the Ontario Ministries of Health and Long-Term Care and Health Promotion.

<sup>2</sup> Includes changes in capital expense and the impact of consolidation of hospitals and other entities.

Sources: Ontario Ministries of Health and Long-Term Care and Finance.