



Remarks by

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Check Against Delivery

Thank you and good morning.

Let me begin by saying what an honour it is to be speaking with you.

I have had the good fortune to work in health care for many years.

I know that being a leader is challenging at the best of times. And the current context is making it no easier. But effective leadership is what we need today, now more than ever.

So today, I will be speaking with you about the OHA's vision for our health system. It is built upon the premise that we can – and must improve outcomes over.

Later, I will also be sharing some of the actions that the OHA has been taking to ensure patient care does not suffer in the short-term, as we address today's economic realities.

Thinking about the future of our system, some might assume that an industry association representing hospitals would argue for minimal disruption, that we would argue *against* changes to the system.

It could be reasonable to assume that we would not want to challenge the status quo, or shake things up.

Nothing ... could be further ... from the truth.

We are going to challenge the status quo.

Because that's what OHA members want us to do! And that's in the best interests of Ontario patients.

Trends and statistics point to the need for dramatic and urgent system-wide reform.

I've recently seen first-hand the need for fundamental, systemic changes to our health system.

You see, my father Don is in his nineties.

He took a fall at home, and in the ER, they thought he might have pneumonia.

So they admitted him to hospital.

Well, as it turned out, he didn't have pneumonia after all. He was fine – from that perspective.

But he wasn't able to function as independently as he had before – and needed a little extra support.

Ideally, that support would have been at home, but there was a two hour cap on provincial home support. That was insufficient.

So my mom and dad decided he would go into a long-term care home. Initially my mother was only willing to select one long-term care home and the system allowed this. Eventually she agreed to accept three.

You know how long the wait was? Five months.

So my dad was stuck in a hospital bed, where he had been admitted *accidentally*, and he couldn't get out!

There was another man in his 90s in the bed next to my dad, who was also waiting to enter a long-term care home. He too was there for five months.

I have to say, my dad hadn't been looking for a college room mate, but he basically had one!

Another 90 year-old! ... for five months.

Being stuck in the hospital was hard on my dad. His mobility *worsened* because he was in a bed for five months, and the overall experience was frustrating for our family.

It was also bad for people who came to the emergency department of that hospital, and who really needed that bed.

And it was an inefficient use of scarce resources.

Based on the cost per hospital day of \$450, keeping my dad in the hospital cost Ontario taxpayers roughly \$67,500. That's about \$46,500 more than it would have been if he had been in a long-term care facility. And the cost would have been even less with adequate home support.

Based in part on advocacy from the OHA, that two-hour per day cap for home support has now been removed by the provincial government.

The change has allowed more people to get care in their own homes – where they want to be – at a cost to our health system which is far less.

The Case for Change

So that was my dad's story. And unfortunately, I'm sure that many of you have similar stories to tell.

While progress has been made in improving the health system in Ontario, the future sustainability and quality of our health system is at risk.

The real question is this – Is the system ready?

Have a look at this, and you'll see what I mean...

[VIDEO PLAYS]

It is no surprise to anyone here today, that the challenges facing our health system are daunting.

The OHA knows that ...

The Ontario government knows that ...

And each of you knows that.

Yet, these challenges provide us with a common cause. A mission to undertake together as system leaders.

I am confident...

Confident that we can find solutions...

That we can implement them...

And that we can make Ontario's health system ... a sustainable, accessible and high-quality system that is admired around the world!

Ontario's wait times strategy is but one recent example where we have come together with a common cause to implement change for the better.

Ontario patients now get their CT Scans 40 days earlier...

Their hips replaced 171 days earlier...

Their cataracts removed 193 days earlier...

And their knee joints replaced 235 days earlier...

That's exciting progress, and it shows what we can accomplish when we use data and evidence and focus on achieving results!

Blueprint for a Better Future

We have a lot to learn from our past as we continue to make progress in the future.

In the 1990's, the emphasis was on cost cutting.

Especially, in the hospital sector.

Since 1990, the number of hospital beds available has decreased by 45% while the population increased by 25%. And that population is aging.

Our success in getting through this period was possible because hospitals found more effective and efficient ways to provide care.

Now, Ontario's hospitals provide the province with a \$1.2 billion dollar "efficiency dividend".

That is how much the government and LHINs save each year, compared to other provinces, because Ontario's hospitals are more productive and efficient.

We have shorter lengths of stay...

We help more people get the care they need as out-patients rather than in-patients.

And we use our staff more efficiently than hospitals in other provinces...

All while working very hard to keep quality and safety standards high.

While finding efficiencies in the 1990s helped us cope with higher demand, we didn't maintain adequate capacity.

So, in the early 2000's, the mantra became access. Efforts and energies were focused on reducing wait times by process improvement and increasing surgical capacity.

There have been impressive improvements in surgical capacity.

But there has not been an adequate focus on capacity planning overall.

Building the right capacity across the continuum of care, to provide care for patients in the most appropriate setting, at a lower operating cost.

As the story of my dad illustrates, we are continuing to care for people in the wrong places. Which has created higher costs.

So what's next? What should the emphasis be as we move forward?

I believe that the answer must be ... a focus on quality and outcomes.

The logic behind this is actually quite simple.

Think about the issues that we're all grappling with in our hospitals today – and that we're facing across the entire health system.

If we provide better services ... outcomes are better, and people are healthier.

If outcomes are better and people are healthier ... there are fewer admissions and re-admissions. Fewer admissions and re-admissions help reduce costs – thereby making the system more sustainable.

And if the system is more sustainable, people who need care will have an easier time getting it.

It all comes back to quality and outcomes. And that's why focusing on quality and outcomes, is the foundation of the Ontario Hospital Association's proposed vision for a better system.

In the words of Sven-Olof Karlsson, the CEO of Jonkoping County Council in Sweden:

“Everyone has two jobs – to do what they do and to improve what they do.”

So we need improvement – and I believe that improvement is required primarily along three streams:

- Creating seamless systems
- Incenting best practices
- Reinforcing a culture of research and innovation

1. Creating Seamless Systems

The first stream ... is the creation of a more seamless health system.

I believe we're on the right track with the creation of regional structures. But the emphasis now needs to move away from structure, and into serving patients, through a better on-the-ground operation of our health system.

We need central health system leadership that promotes care paths and best practices for each disease group or patient group, placing value on quality and outcomes.

We have done this well for cancer in Ontario.

We need this kind of central leadership and standardization for other diseases as well.

Caring for sick people is more expensive than keeping people healthy.

Therefore, preventive and early detection strategies for each care path are essential to avoid the need for treating patients after the disease has progressed. And, if disease does progress then we need effective disease management.

For example, in British Columbia, where I used to work, pilot projects in chronic disease management for diabetes patients have demonstrated major cost savings.

We also need to fully embrace e-Health to enable quality patient care.

E-Health can help create a seamless system of providers resulting in better care for patients, and reducing error and duplication.

And we need to remain committed to expanding the number of patients served by family health teams.

The expansion of family health teams making effective use of electronic health records will help keep people healthy, take the pressure off our overburdened emergency system and improve chronic disease management.

In smaller communities that are close to larger cities, urgent care centres and family health teams – combined with a seamless patient transfer system – could substitute for local emergency departments altogether.

Patients need access to their health system close to home but some services can be improved through consolidation.

It is in this important context, that I want to commend the Niagara Health System for its leadership, as it does the right thing to consolidate services and develop centres of excellence.

We at the OHA are behind the Niagara Health System every step of the way.

Evidence from other consolidations demonstrates that when centres of excellence are created, with larger volumes, quality gets better.

Jack Kitts from The Ottawa Hospital recently said, and I quote:

“The evidence is so strong. If you don’t have a critical mass of patients, you don’t have quality care. People who have critical mass, do it best.”

This should not be seen as a threat to smaller or medium-sized hospitals.

All hospitals have an important role to play.

That's why the OHA is working on proposals to government to help define the appropriate roles of small hospitals, medium sized hospitals and of larger ones.

2. Incenting Best Practices

The second stream, for improvement – is incenting best practices.

We need to incent providers to follow best practices.

Providing the right incentives will also help address health human resource issues by encouraging inter-professional care. Incentives won't *so/ve* our human resource challenges, but they can help.

Family health teams are a great example of how the right incentives can encourage providers to change the way they practice with the right mix of disciplines. This will improve overall outcomes and system productivity.

The right incentives can also attract – and retain – health providers working in the right locations.

I know that this is especially important for smaller communities.

I am pleased to see that the recent Ontario Medical Association agreement contains numerous incentives to promote best practice and encourage inter-professional care. Whether they are the right incentives or there are enough of them, may be debatable. However, I applaud the use of incentives to improve the way our system operates.

As the Ministry of Health and Long-Term Care has begun the implementation of its stewardship role there has been more emphasis on performance targets.

That's good. Measuring things is the first step in improving them.

Our future success can only be achieved if we are measuring and publically reporting on the right things. Things like quality and outcomes.

In Britain, for example, they provide incentives based on the quality of care given to patients as well as patient volume.

Additional funding is provided based on cleanliness, infection rates, clinical outcomes, patient experience and the patient's views about the success of the treatment.

While the system is flexible to account for local circumstances, it gives health providers – including hospitals – an incentive to improve the quality of care.

Providing incentives to hospitals to increase their volumes is not a new idea. We have been doing it for years in Ontario for priority programs. And most recently – for surgeries falling under the wait time strategy.

Michael Kirby recommended volume funding for hospitals in his Senate report.

The Canadian Medical Association recommended it in a number of recent speeches.

But we don't believe they go far enough.

The Ontario Hospital Association agrees with the need for government to provide incentives based on volume and efficiency.

But we want the government to also reward providers for their quality and outcomes.

Because we believe this will incent the delivery of quality care in all parts of the health system.

3. Research and Innovation

Incentives are crucial to the success of all streams of this vision for our health system.

That includes the third stream – reinforcing a culture of research and innovation.

We need to make Ontario an incubator for developing and implementing cutting-edge health science and health management innovations.

Health care is more than a calling – it is also a strategic industry. An industry that is increasingly important to our economic growth, given our tremendous health care R&D strength in Ontario. An industry that can provide Ontario with a real competitive advantage.

Research hospitals in Ontario continue to deliver cutting-edge innovations.

This kind of work does more than lead to quality health care for people in Ontario.

It also attracts the best and brightest researchers and clinicians from around the world – and brings their expertise and ambition here to Ontario.

Health care research isn't just a cost – it's an investment in high-quality, new economy jobs and better ways of delivering health care.

Creating seamless systems...

Incenting health providers to follow best practices...

And reinforcing a culture of research and innovation...

I know that these ideas work. And I know that they will enable us to improve quality and outcomes.

This approach demands a significant re-focus of our health system.

The Rotman School of Management's Joe d'Cruz has argued, and I paraphrase, that "big change, provides big payback".

We need to address substantive issues.

And we will only get big results with big changes.

This isn't about tinkering around the edges – this is about focusing on key reforms that will have a major impact on a province-wide basis.

The approach used by Infrastructure Ontario on capital construction projects shows that bold, province-wide initiatives can work.

We are not simply proposing changes to the system on a one-off basis.

We are proposing the creation of a culture of innovation.

A system in which we develop new knowledge.

Or start with the very best examples of success from around the world, and improve upon them.

Let's build on what they've done with electronic health records in Denmark.

Let's learn about the approach to health care management they undertook in Andalusia in Southern Spain – making the most of e-Health, care pathways, and health provider incentives.

That's what our health system can be – implementation of Ontario discoveries, plus best practices from around the world that we can make even better.

Time for Action

The ideas that support the creation of a high-performance health system are relatively simple. What's harder ... is having effective leadership to do it.

We need inspired and sustained leadership to achieve transformational change – from everyone in this room and others back in your communities.

To our partners in the provincial government –

We need strategic leadership from you as well.

We need aggressive implementation of e-Health.

More family health teams.

More and smarter incentives.

A focus on quality and outcomes – in addition to efficiency and volume.

Reinforcing a culture of innovation.

Building on our traditional strengths in scientific research.

And learning from other jurisdictions to implement ideas that work.

If government takes these necessary steps to improve the Ontario health system – Ontario's hospitals will stand with you, helping to achieve big results through big changes.

Slow incremental change – will not deliver for our patients, or for Ontario society as a whole.

It also will not deliver for people like my dad – who are depending on us.

To my friends and colleagues from our hospitals –

I know that you are concerned about the challenge of balancing your budgets.

I know that you are worried about the potential impact on quality, patient service levels and provincial priorities, such as reducing Emergency wait times.

I know that you are working very hard. I know the pressures you face.

The OHA is working with you, the government and the LHINs to find a reasonable way forward.

Remember that the OHA is a resource for you to use, and that our team is pleased to assist you.

Call us, call me, and we can help.

Today, we've talked about the seriousness of the challenges facing our system, and about fundamental changes that will ultimately help bend the cost curve ... and deliver better patient care.

As we make our way through the short-term challenges, let's not neglect the reform agenda.

As I said earlier – I am confident.

Because we have smart, dedicated, energetic leaders in Ontario's health system.

Look around this room – and you'll see exceptionally talented people who *have chosen* to be in health care.

Because they really want to make a difference in people's lives.

So in closing...

Let's remember the people and patients, our health system serves.

Let's be proud of the health system we're building for the future.

And let's be leaders that future generations will admire for having done the right thing.

Thank you!