

Ontario Health Coalition

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September 10, 2012

Attn: Assignment Editor

For Immediate Release

Ontario Conservative Party Health Paper A Recipe for Privatization: Ontario Health Coalition

Toronto – Ontario PC Leader Tim Hudak should be required to answer tough questions resulting from the release of the PC Party's White Paper on Health Care, say Ontario Health Coalition leaders. Among the coalition's key observations:

- The PC Party White Paper repeatedly uses manipulative and incorrect assertions about health spending in Ontario. In fact, Ontario funds health care at almost the lowest level in Canada: 8th of 10 provinces.
- It recommends a system in which there is no democratic governance over any facet of the regional health systems. It calls for the expanded influence of undemocratic, self-selecting hospital boards.
- It would set up a system in which 30 – 40 hospital corporations and physician committees would contract (termed "commissioning" in the report) for privatized home, long-term care and other services. This is the opposite of a public health care system and would lead to massive privatization.
- It calls for an expansion of fee-for-service hospital funding (euphemistically termed "patient-centred funding" in the White Paper). This system will drive up surgical volumes instead of prevention and promotion, while at the same time depriving hospitals of funding for such things as hospital cleaning, food, and medical procedures and practices that are not widget-like and do not fit into this funding model. It would also set the foundation for total health care privatization.
- The 30-40 regional hospital hubs would appear to put all health providers in that region under the authority of the powerful hospital in that region, without any democratic checks and balances. Already amalgamated hospital corporations in Ontario where they are dominated by a larger hospital, have been trying to cut and close down small and rural hospitals in order to centralize their budgets into the large sites. The White Paper does not speak at all to the need to protect the small and rural health services, rather, it centralizes power into 30 -40 large hubs.
- The plan lacks crucial details, such as how physician-led primary care committees would scrutinize performance and how that might be different than the current system of professional Colleges; what is the role of the rest of the health team; how powers would be divided between the Ministry and the regional hospital "hubs"; what services would be included and which would be excluded – ie. labs, long-term care homes; what precisely is meant by enhanced accountability for the Minister of Health when the legion of privatized service providers in this model are controlled by self-selecting undemocratic boards accountable to regional hubs – also self-selecting and undemocratic -- for their funding.

"Ontario funds health care at nearly the lowest level of any province in Canada," noted Natalie Mehra, Director of the Ontario Health Coalition. "The claims in the PC Party's White Paper about health spending are manipulative, and frankly dishonest."

"The model that Ontario's PC Party is drawing from comes from the United States. It is a failed privatization scheme in which government supposedly "steers" the system and the private sector "rows"," said Ross Sutherland, R.N.,M.A., Community Chairperson of the Ontario Health Coalition. "It is anti-democratic. It led to exploding health costs in the U.S. It doesn't work because the for-profit motive "rows" against the public interest at every turn, increasing costs, decreasing quality, and working against integration."

"This White Paper is not a recipe for integration of health care. It is a recipe for privatization," concluded Ms. Mehra. "In our haste to get rid of the LHINs-- something the Health Coalition supports-- let's not jump from the frying pan into the fire."

Fact Check on PC White Paper Claims

Claim: *Health spending in Ontario is out-of-control, too high, inefficient, soaring etc.*

Fact: According to the most reliable data in Canada, the Canadian Institute for Health Information, 2011 figures: Ontario funds health care at nearly the lowest level of any province in Canada. On both a per capita (per person) and GDP basis, Ontario is 8th of 10 provinces in health care funding. Charts showing funding are available at: <http://www.web.net/~ohc/first-do-no-harm-pre-drummond-report-final.pdf> (page 11).

Claim: *Fee-for-service hospital funding is “patient centred”.*

Fact: Paying hospitals on a fee-for-service basis encourages hospitals to increase volumes for the specific services that they get fees for (eg. cataracts) while steering funding away from other needs that might be very urgent. For example, one Ontario hospital, deep in deficit with a dangerously backlogged emergency department and patients waiting for days on stretchers, had to return money to the Ministry of Health because it didn't meet the volume targets for its “fee-for-service” cataract funding. In addition to the administrative burden engendered by this system, it neither reflects the public's priorities and values, nor does it meet the basic test of common sense. It *increases*, rather than decreasing, the number of bureaucracies involved in making decisions about where hospital funding is targeted. And with no democratic governance at the hospital and LHIN level, and with an unresponsive Ministry of Health, it is harder for patients than ever to impact hospital priorities.

Claim: *The Community Care Access Centres (CCACs) have become top-heavy under the Liberal government.*

Fact: The CCACs were set up by the Conservatives who then forced CCACs to divest themselves of direct service provision and contract it out, even when it was demonstrated to cost more. This was done to force the for-profit privatization of home care. Now, the majority of home care sold back to taxpayers by for-profit chain companies. Home care has multiple layers of administration and hordes of duplicate companies and administrations in order to facilitate this privatized system which does not exist in any other province.

What is Missing from the PC White Paper

- **Protections for patient access to care**
Patients should not be forced out of hospital without proper care to cut budgets or to meet arbitrary targets for Emergency Department wait times. Patients need regulations to stop hospitals from discharging patients without appropriate home and long-term care in place. Patients need real enforcement and penalties when hospitals charge illegal fees for hospital beds and services. Patients need a clear plan to improve access to long-term care homes and home care.
- **Protections for small and rural health care services**
Large hospital corporations and the Toronto-centred Ministry of Health cannot be allowed to close down rural and remote access to health care. Patients need clear policies that protect local health care services from being cut or moved out-of-town.
- **A team-based approach to primary care**
Ontario has made great progress in moving ahead with new Community Health Centres, introducing nurse-led clinics, and forging many more family health teams. The full use of the health care team will be required to improve quality of care, meet population growth and aging pressures, and improve access to care in underserved communities.
- **A clear commitment to improve funding of health care to meet population need**
No matter what new structures are created, there will be backlogs and long-waits, and care will be rationed, if funding is inadequate. Ontario needs a plan to move our health funding toward the average among Canadian provinces from near the bottom where we now sit.
- **A clear commitment to public non-profit health care**
“Commissioning”- or privatization of health care - has long been demonstrated to cost more and lead to poorer access and poorer quality. Patients need a clear commitment that health care will be based on the principle of our public health system: democratically governed (public) and focused on access to and quality of care; not privately controlled (undemocratic) and focused on profit-taking.

For more information: Ontario Health Coalition 416-441-2502.