From Mega-Mergers to Reduced Parking Fees:

A Comparison of the Ontario Provincial Parties' Health Care Platforms

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Who We Are

The Ontario Health Coalition is Ontario's broadest public interest group on health care. We are comprised of a Board of Directors, committees of the Board as approved in the Coalition's annual Action Plan, Local Coalitions, member organizations and individual members. Currently the Ontario Health Coalition represents more than 400 member organizations and a network of Local Health Coalitions and individual members. Our members include: seniors' groups; patients' organizations; unions; nurses and health professionals' organizations; physicians and physician organizations that support the public health system; non-profit community agencies; ethnic and cultural organizations; residents' and family councils; retirees; poverty and equality-seeking groups; women's organizations; student groups, and others.

Mission and Mandate

Our primary goal is to protect and improve our public health care system. We work to honour and strengthen the principles of the Canada Health Act. We are led by our shared commitment to core values of equality, democracy, social inclusion and social justice; and by the five principles of the Act: universality; comprehensiveness; portability; accessibility and public administration. We are a non-partisan public interest activist coalition and network.

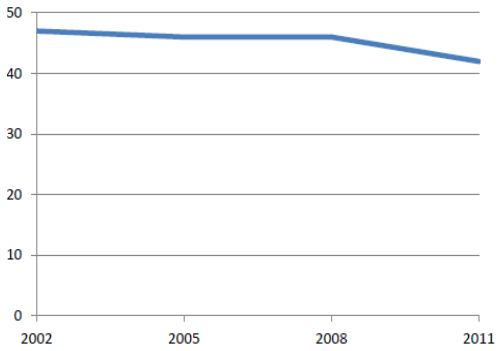
To this end, we empower the members of our constituent organizations to become actively engaged in the making of public policy on matters related to our public health care system and healthy communities. We seek to provide to member organizations and the broader public ongoing information about our health care system and its programs and services, and to protect our public health system from threats such as cuts, delisting and privatization. Through public education and support for public debate, we contribute to the maintenance and extension of a system of checks and balances that is essential to good decision-making. We are an extremely collaborative organization, actively working with others to share resources and information.

Introduction

For two decades, health care has remained at the top of Ontarians' priority lists in election polls. But during the current provincial election, most public commentary has centred on job cuts and job creation schemes, or questions of government accountability. While undoubtedly important, the focus on these issues has come at the expense of an in-depth look at the political parties' plans for health care. Ontarians have little idea what the different political parties have in store for their local health care services, despite deep concern and very high public support for protecting health care services. Unfortunately, the platforms of the main parties are perhaps the most perfunctory and shallow in their treatment of health care of any election platforms in recent memory. Nonetheless, there are some plans and, combined with recent health care policies of the three major parties, it has been possible to create a picture of their contrasting approaches to health care. This report reviews the main planks of the parties' platforms, starting with the most radical plans, and provides some commentary and analysis of what these plans might mean for Ontarians' access to public health care.

Context

There have been improvements in Ontario's health care system. The number of MRIs has vastly increased. Wait time management has improved and there has been an upsurge in the number of hip and knee and cataract surgeries over the last decade. But there have also been cuts. Hospitals are more overcrowded than ever and patient readmissions are extremely high. Community care remains a patchwork and has been deeply privatized. After two decades of almost non-stop hospital restructuring by successive governments, Ontario has been left with the fewest hospital beds per person in the country. Most Ontarians don't know the numbers, but they experience the results when they try to access care.



Health care spending as a percentage of all Ontario program spending.
Source: Ontario Ministry of Finance, Ontario Budgets 2002, 2005, 2008, 2011.

Despite repeated public relations messages decrying health spending as "out of control", about to "eat up" the provincial budget if not checked, in fact, Ontario's health care spending has been in decline as a proportion of the provincial budget for more than a decade. In fact, health care cutbacks are being made to finance more than a decade of tax cuts that have mainly benefited the high-income Ontarians and corporations. According to the Ontario Ministry of Finance, health care spending has declined from 47% of the provincial budget in 2002 to 42% in 2011. Overall public health care funding in Ontario had dropped to 8th out of 10 provinces by 2012 both on a per capita basis and as a percentage of provincial GDP. By 2012, Ontario's funding for its public hospitals had dropped to last in Canada.

Home care funding has increased, but the number of patients offloaded from hospitals into home care has increased faster. Recent Ontario Budget funding increases restore funding levels per home care client back to the rates of the early 2000s.

Access to primary care has improved, the supply of family physicians has increased and will continue to do so as new doctors graduate. New nurse practitioner-led clinics are operational; community health centres have seen some increases; midwife birthing centres have been opened; and wait lists have been reduced for a whole range of hospital services, creeping back up slightly with the budget freeze (real dollar cuts) to hospitals in the last two years.

The worst cuts have been to hospitals. Rationing of community and long-term care remains deeply problematic. Despite the overwhelming evidence that hospital overcrowding is at critical levels and small and rural hospitals are at grave risk, there are no clear commitments from the political parties to stop cuts and restore needed services.

Merger Mania: 146 public hospitals to be merged into 30 – 40

By far, the most radical health plan comes from the Conservative Party which has, over the last few years, been developing a scheme for total health sector restructuring. The Party has developed its plans in two phases, through policy papers called "White Papers". The paper, "Patient-Centred Health Care" was released in September 2012. The final policy paper "A Healthier Ontario", released by Party Leader Tim Hudak and PC Health Critic Christine Elliott in February 2013, builds upon the September 2012 paper.

The Conservative Party plan calls for a total restructuring of Ontario's hospital and health care system. Under it, all of Ontario's 146 public hospital corporations covering 224 local hospitals and 4 psychiatric hospital corporations covering 8 hospital sites[i] would be merged into 30 – 40 "hubs". These "hubs" would have appointed boards of directors, "chosen based on their unique skill set". The hubs would, "organize, plan and commission services for patients in their respective regions".

Overall, this plan is reminiscent of the large-scale hospital restructuring of the Mike Harris era – except without the Mike Harris commitment to public consultation. But it actually goes much further. Not only would hospitals be amalgamated on a regional basis as they were in the 1990s, but many more hospitals would be merged and those mergers would occur across much wider regions. In addition, according to the plan all health care services including home and community care, long-term care, physicians and all the functions of the current LHINs are to be merged into the 30 – 40 "hubs". It appears that key decision-making would be removed from the elected local hospital boards that are still democratic, and these would be replaced by regional appointees.

Mega-Mergers: measuring the scale of the merger plan

To get a sense of the total scale of the new merger plans, we revisited the hospital restructuring that occurred during the 1990s. According to the Ontario Auditor, during its tenure, the Harris government's Health Service Restructuring Commission issued final directions to 22 communities affecting 110 hospitals. These directions amalgamated 45 hospitals into 13 and closed 29 hospital sites.[ii] Ultimately, by the end of the Harris era, a total of 35 hospitals – about one in six across the province - were closed.[iii]

As noted above, the new plans as laid out in the current Conservative Party's White Papers would amalgamate at least 146 public hospitals (covering 224 hospital sites) into 30 – 40. The current Conservative Party plan would result in the largest scale mergers in Ontario's history – far bigger than even those of the Harris government in the 1990s. There is no question that the entire health system would be in upheaval for years to come if this plan were to be put into action.

Measuring Mergers: did they accomplish their rationale?

The rationale for the Harris-era round of hospital amalgamations was that it would eliminate administrative inefficiencies and redundancies and save money. There is no real evaluation of restructuring save a few individual case studies done mid-stream in the restructuring, a kind self-evaluation report written by the chair of the Health Services Restructuring Commission which is subjective and does not contain evidence on outcomes, and two reports from Ontario's Auditor regarding the costs.

- The costs of restructuring soared into the multiple billions of dollars, according to Ontario's Auditor General. (See the section below.) But there is no evidence that they ever achieved proposed cost savings.
- Every nurse, physician and health professional attests that there is more administration than ever, even though almost 19,000 hospital beds have been closed (Ontario's acute care beds and complex continuing care beds have been cut in half since 1990). Again, numbers are hard to come by because administrative costs can be accounted for as many things that look like services in financial statements. There are no studies that we have been able to find measuring the growth in administration across Ontario's hospitals.
- Hospital CEO salaries and the number of top-ranking hospital executives have increased significantly. For example: the former president of Hamilton Health Sciences was recently quoted as calling for more hospital mergers. CEOs in merged hospitals like this one are the prime beneficiaries of the last round of mergers. Immediately after amalgamation, in 1998 the CEO of Hamilton Health Sciences was paid, according to public sector salary disclosure documents, $328,426. By 2014, the CEO of Hamilton Health Sciences was paid $695,065. Using the Bank of Canada's inflation calculator, the value of $328,426 (1998 dollars) in 2014 dollars is $451,925. Thus, the pay for this CEO position (note it is not the same person now as in 1998) has increased, in real dollars, by almost $250,000 since amalgamation even though there are far fewer hospital beds. This is only one example of a widespread trend.
- Hospitals in amalgamated hospital corporations have experienced service cuts and consolidations ever since the mergers. Many of these are still ongoing now, more than a decade after the amalgamations were ordered. In particular, the smaller community and rural hospitals have suffered disproportionate cuts ever since amalgamation with some of them rendered unviable and closed down and others now teetering on the brink of total closure.

Costs

In 1999 and 2001, the reports of the Ontario Auditor General revealed the costs of hospital restructuring under the Harris government. While estimated capital costs for hospital restructuring under the Health Services Restructuring Commission were originally projected to be $2.1 billion, the auditor revealed that capital cost projections resulting from restructuring were $3.9 billion by 1999; an increase of $1.8 billion over expectations.[iv]

In total, over the four-year period between 1997-98 and 2000-01, the province spent $1.9 billion dollars on costs associated with hospital closures. This included $1.2 billion for capital spending, $55 million for renovations, and $643 million for restructuring. In 1999 the provincial auditor estimated that 78% of

restructuring costs resulted from severance and other benefits. Fully 51% of the increase in hospital spending over the period was accounted for by costs associated with restructuring.[v] Billions more in capital costs continued after this period.

Thus, billions were spent cutting beds, closing hospitals and laying off staff in the four years of the last round of major hospital restructuring. Hundreds of millions were spent in subsequent years reopening beds and recruiting staff to deal with the planning errors and to restore some stability to the health system. In his analysis, the Auditor criticized the provincial government for failure to budget for demand for health care services as well as poor sequencing of restructuring and failure to plan for necessary capital costs leading to cost overruns in restructuring.

There does not appear to be any funding plan for the new round of mega-mergers proposed by the Conservative Party. According to the overall fiscal plan in the PC Party platform, the Ontario deficit is to be eliminated in 2 years; earlier than the plans of the other parties. But to accomplish the largest-scale hospital and total health system restructuring ever in Ontario's history will undoubtedly cost billions. If health care funding is to be frozen, as it appears the plan is, then billions will have to be taken out of care budgets to move services around, sever staff, renovate buildings, administer restructuring and so on.

Recent Evidence: costs and outcomes of hospital mergers

In 2012, a major study by the Centre for Market and Public Organisation looked at mergers and their effects in England compared the performance of hospitals that merged with those that did not. The study measured a range of performance including activity per staff member, financial performance, wait times for elective surgeries and a range of measures of clinical performance. Authors found that the wave of hospital consolidation in England in the late 1990s and early 2000s brought few benefits. According to the Centre,

> "Poor financial performance typically continued, with hospitals that merged recording larger deficits post-merger than pre-merger. What's more, the length of time people had to wait for elective treatment rose after the mergers. There was also no increase in activity per staff member employed in merged hospitals, and few indications of improvements in clinical quality."[vi]

According to Kurt R Brekke, a professor of economics at the Norwegian School of Economics, there is growing concern in the U.K. about reduced competition brought on by hospital mergers. According to Brekke's recent study, merging hospitals have an incentive to reduce quality as competition goes down. "By reducing quality, the merging hospitals save costs and increase their revenues and profits."[vii] Subsequently, the quality at other hospitals in the local area is also likely to drop as competitive pressure is lower after the merger.

In the 2010 edition of the Journal of Health Services Research and Policy, retired consultant Thomas Weil argued that, "almost all studies suggest that hospital consolidations raise costs of care by at least two per cent and in the U.S., sometimes significantly more."[viii] Weil outlines a study of seven Norwegian hospital mergers between 1992 and 2000, in which authors Kjekshus and Hogen conclude that that the seven mergers demonstrated no significant effect on technical efficiency and a significant negative effect of 2.0% to 2.8% on cost efficiency. While the appeal of 'bigger is better' in hospital mergers is powerful in Canada, Weil argues that the empirical evidence is weak and the potential for negative outcomes is significant.[ix]

An examination of 11 studies on restructuring and mergers from the US and Canada concludes that, “many of these studies have examined the effects of restructuring and mergers on cost, staff nurses, and patient outcomes. In the aggregate, restructuring and mergers did not achieve the desired reductions in cost.”[x] More specifically, the study finds that often radical changes in restructuring proceeded with little evidence to guide them. Despite enormous organizational turmoil, very little progress was made that addressed quality and cost concerns in a meaningful way.

Even reports and government-supported research conducted from a point of view of looking for evidence to support more mergers and consolidations, are very tepid in their conclusions. For example, according to the Canadian Health Services Research Foundation, “In Canada, the evidence on cost savings from mergers is largely anecdotal and inconclusive.”[xi]

Health Care Privatization

Another notable plank in the Conservative Party platform and White Papers is a proposal to contract out and privatize most of the health care system, including clinical care in hospitals. Rarely do political parties openly espouse health care privatization, but in the Conservative Party health care platform – and in more detail in their health care policy papers – the plan to privatize hospital surgeries, diagnostic tests and other health care services is made abundantly clear.

According to the final 2013 health policy White Paper:

“Hospitals and other health institutions frequently tender for non-clinical services like cafeteria service already. We would build on existing best practices by requiring them to seek competitive bids for all relevant non-clinical services like IT, just as we propose for the rest of the public sector. For clinical services that can be provided outside a hospital or physician practice, we can also use well established tendering processes to ensure we get the best service at the best price when expanding system capacity. These would include services like MRI tests, dialysis services and high-volume, less complex surgeries such as cataract surgeries, hernia repairs and simple joint replacements.”

The 2012 and 2013 White Papers also call for the ``hubs`` to contract (termed `commissioning` in the paper) for privatized home, long-term care and other health care services.

The Liberals too have a plan to contract out hospital services through the Local Health Integration Networks. In January, the government passed two new regulations enabling the LHINs and Cancer Care Ontario to contract out diagnostics and surgeries, though they say that they will only go to non-profit clinics. Initial plans would have cataracts and endoscopies cut from local hospitals and moved to regional private clinics. Following these, MRIs, CTs, day surgeries and other services would be contracted out.

The NDP platform is silent on this issue.

Competitive Bidding in Home Care: expanded or eliminated

Also notable, the Conservatives established the Community Care Access Centres under Mike Harris. Now they propose to close them down. They do not, however, propose to end the practice of competitive bidding which has privatized home care and resulted in more than 700 agencies contracted to provide services across the province. Instead, they plan to expand competitive bidding across the health care system, only this time the "hubs" would be responsible for contracting out health care services.

But the Conservative Plans goes even further, proposing to dismantle the public home care system substantially and have patients buy their own care from private providers as follows: "Give patients more choice in the health services they receive. Allow patients receiving non-clinical home care services like housekeeping and personal support to choose whether to have a care provider purchase home care for them, like CCACs do today, or whether to use the same money to hire their own home care."

This plan would thoroughly undermine the attempts by the Liberals to edge home care workers closer to wage parity with the hospital and long-term care institutional workforces, thus stabilizing the sector, setting the context for better training and regulation and addressing extremely high turnover rates and shortages that have led to extremely poor continuity of care for home care patients. In the 2014 Ontario Budget, the Liberals planned to increase the PSW minimum wage to $16.50 per hour by 2017. They also planned a 5 % increase for home and community care budgets. In addition, the Liberals announced a review of the Community Care Access Centres shortly before the election, but there is no promise to create a public non-profit home care system. The Liberals agreed to make a 5-day home care wait time ``target` but not a guarantee.

The NDP has previously revealed plans to eliminate competitive bidding and establish a public non-profit home care system. This is not mentioned in their current election platform. The main promise for home care by the NDP is to institute a five-day home care guarantee to substantially reduce wait times.

The Conservative platform promises more home based care for people with chronic conditions without any details.

Hospital Cuts

Ontario`s hospitals have been hard-hit by cuts for at least two decades through successive different governments. Today, Ontario has the fewest hospital beds per person of any province in Canada and ranks among the lowest hospital beds for any industrialized nation. Bed cuts have caused backlogs through the hospitals to emergency departments with no beds to admit patients into. Hospital overcrowding has reached the highest levels of any jurisdiction we can find with patients left on stretchers in hallways for hours or days. Nursing staff, health professionals and support staff have been subject to significant downsizing. Care has been centralized into fewer communities, forcing patients to travel further. Almost 19,000 hospital beds have been cut since 1990, halving the acute care and chronic care bed capacity in this province. Small and rural hospitals have been particularly hard hit with massive service cuts and closures. Smaller community hospitals in half-a-dozen communities or more have been closed or are slated for closure.

The NDP plan calls for cutting Emergency Department wait times in half and hiring more nurse practitioners to treat and discharge patients in EDs. Nurse practitioners in Emergency Departments will not alone be sufficient to clear the backlogs. To accomplish this plan, many more hospital beds would have to be re-opened. There are no details in the NDP platform as to how this would be accomplished.

The Liberals planned another year of 0% increases for overall hospital budgets in this year`s Provincial Budget. This means that hospital funding would be frozen for a third year in a row and, for the fifth year, hospital funding will not increase to match the rate of inflation. This plan means continued hospital cuts.

The Liberals also promise to cap or reduce parking fees at hospitals.

The Conservative Party platform does not clarify any plans for levels of services in hospitals, though it does propose creating ``chronic care centres of excellence``. As noted above, the Conservative Party`s health care policy proposes large-scale hospital restructuring featuring mega-mergers of hospitals and contracting out of local hospital services to private clinics.

LHINs and Administration

Both the Conservatives and the NDP have pledged to eliminate the LHINs. The NDP has not given any further details on how health services would be organized. The Conservatives, though planning to eliminate the LHINs and CCACs as part of their promise to slash administrative waste, are planning to replace them with 30 – 40 `hubs` with appointed Boards of Directors to do the work of regional planning, funding and contracting for health care services. It is not clear how these 30 – 40 `hubs`-- more than double the number of the 14 LHINs – would reduce administration.

The Conservative Party health policy papers state:

> "While administration is not the biggest driver of growth in the health system, we spend billions on it every year and any waste is too much. By eliminating LHINs and the administrative component of CCACs in favour of health hubs that will actually deliver better care, we can redirect millions of dollars from administration to patient care. And more importantly, we can avoid the waste of literally billions of dollars that the current government has directed towards failed, out-of-control agencies like Ornge and eHealth Ontario."

Note: The LHINs have nothing to do with Ornge and eHealth. Those scandals arose out of privatization and private contracts, and greed.

The NDP has promised to cap executive salaries and eliminate duplication in home care to reduce administration.

Long-Term Care

There are currently more than 21,800 people on wait lists for long-term care beds in Ontario.

The NDP platform calls for elimination of wait times for ``acute`` long-term care beds. It is not clear what the term ``acute long-term care beds`` means, particularly since the platform proposes to eliminate these waits in the first year.

The Liberal plan for long-term care is to increase beds slowly.

The Conservative platform promises expanded access to long-term care with no details. Under earlier plans, they have a similar plan to the Liberals in terms of increasing the number of beds slowly.

There are no promises in the parties` platforms to institute a minimum care standard to increase the levels of care for the increasingly complex care patients in long-term care homes.

Primary Care

The NDP platform promises 50 new 24-hour family health clinics.

The Liberals also promise 36 more Family Health Teams and a Primary Care Guarantee that all Ontarians will have a primary care provider and reduce wait times for referral to specialists.

The Conservative plan to integrate physicians under their `hubs`` but there are no details about what this means.

Suggested Questions for Candidates

These questions are a guide to help our members form your own questions for candidate.

Hospitals

1. This question is for all candidates:

    18,500 hospital beds have been closed in Ontario since 1990. Ontario now has the fewest hospital beds and funds our hospitals at the lowest rates per person in the country.

    In the latest provincial budget, community hospitals would have seen their funding levels set below the rate of inflation for the fifth year in a row. This would mean more cuts to needed care services, more mergers, more movement of services out of local towns and worse health care privatization.

    What is your party's position on funding Ontario's hospitals? Will you commit to ensuring that base funding for hospitals meets inflation and population growth needs at minimum and what action will you take to stop the cuts?

For rural Ontario hospitals in particular:

    In small and rural communities, our hospitals are vital to our economy and provide life-saving care. But year after year more and more services get cut. (Insert local cuts. If relevant, note that your local hospital has been cut to the point that its future is at risk.)

    How will you protect the interests of rural Ontarians by ensuring the viability of our local community hospitals? Will you commit to establishing a basic set of needed hospital services that will be maintained in every small and rural hospital in Ontario?

2. For Conservative candidates:

    The PC Party has a written plan for health care that includes a plan to merge all 146 public hospitals in Ontario covering more than 200 local community hospital sites into 30 – 40 giant hospital corporations that they call "hubs". These would be mega-mergers – taking more than

200 local community hospital sites and merging them into 30 – 40 hospital corporations with appointed, rather than elected Boards.

The last round of mergers under Harris were supposed to cut duplicate administration costs. But in the end Ontario's Auditor found they cost $3.9 billion to lay off staff, close beds and move services around; led to the closure of approximately more than 10,000 hospital beds; and cut and privatized services that have never been replaced. Executive salaries in the merged hospitals are through the roof, even though many of our local community hospitals have lost services every year since the mergers.

This new mega-merger plan – which would result in giant hospital corporations with less local control – risks billions in extra costs and jeopardizes our local services.

How would our local hospital services be guaranteed under such a scheme? Will you commit to stopping the mega-merger of our local hospital into one giant regional hospital and guarantee that our hospital services will remain intact here in our community?

3. For Liberal & Conservative candidates:

   The government introduced two new regulations in January to cut local hospital services and contract them out to private clinics. These private clinics are to be high-volume "factories" that treat thousands of patients.

   The PC party platform calls for contracting out of local hospital services ranging from food services to MRIs and other clinical care.

   Not only would these plans take hospital services out of local communities to centralized high-volume private clinics, but private clinics across Ontario are already charging user fees and extra billing (which means they are billing OHIP and charging user fees ranging up to hundreds or even thousands of dollars to patients on top).

   What will you do to stop the private clinics and ensure that any reform takes place under the Public Hospitals Act not as privatized independent health facilities? What commitment will your political party make to keep hospital services in our community and stop them from being moved out to centralized clinics?

4. For NDP candidates:
   The NDP leader has committed to eradicating Ontario's deficit following the same timelines as the Liberal Party. There is no mention of stopping the private clinics in the NDP platform.

   How will you ensure that hospital funding improves and the cuts to local hospital services are stopped under this fiscal plan? Will you commit to protecting current levels of services in our local hospitals? What will you do to stop the private clinics?

Home Care

5. For Liberal and NDP candidates:

   18,500 hospital beds have been closed in Ontario since 1990. As more and more patients continue to be offloaded from hospitals into home care, home care funding has not kept pace with the need for home care services and those who need care to age at home have faced severe rationing of publicly funded care.

   Funding increases were promised in the most recent budget, which would have brought funding back in line with funding per home care client in the late 1990s/early 2000s.

   Added to this, there are approximately 1,000 companies with home care contracts in Ontario. Each of these companies has a duplicate administration, computer systems, bidding systems, scheduling, travel costs etc.

   Ontario has the most privatized home care in the country and profit-taking added to all of this duplication is taking money away from care.

   Will you take steps to stop the privatization of Ontario's home care system? Will you create a public non-profit home care system and get rid of profit taking and competitive bidding for good and put the money saved towards improving access to care and conditions for care workers?

6. For Conservative candidates:

   The PC Platform calls for the creation of a private home care system in which patients (or home care clients) are directly given money and hire and fire their own caregivers directly. This type of system is open to all kinds of abuse both by unscrupulous clients who misuse the money and people they hire who misuse the money. It undermines the attempts to improve the training, working conditions and professionalism of care workers in the home care sector.

   What will you do to ensure the safety of the residents and staff in this privatized home care system? There are no controls and no protections listed in the platform. How will you ensure that actual care is being provided for the public funding given out without any agency to oversee it? How will you address worsened staff shortages in the public home care system under this plan?

Long-Term Care

7. As hospital beds have been cut and patients moved out quicker and sicker, care needs in long-term care homes have increased dramatically. But actual care levels have not increased accordingly.

   Almost 2/3 of residents have dementia and many have aggressive behaviours.

   Families that have money often find themselves in need of hiring in additional caregivers to provide for the basic needs of their aging parents. Others who do not have families nearby or who do not have tens of thousands of dollars to hire extra care, go without.

Long-term care home staff frequently complain about the complexity of care required, about patients with psychiatric needs for whom the staff is not trained, about homes working short-staffed virtually all the time

There have been 29 homicides in Ontario's long-term care homes since 2002 according to Ontario's Chief Coroner. . The situation is unsafe for both residents and staff.

Would your party commit to setting and enforcing a 4-hour minimum care standard – that is a mandatory care standard of an average of four hours of hands-on care per day for residents living in long term care facilities?

Primary and Community Health Care

8. For all parties:

Several reforms suggested link physicians with hospitals through various informal and formal linkages. Nurses, health professionals and the rest of the health care team are ignored in these proposals.

What will your party commit to do to enhance team-based primary care and support the whole team in health care?

Stopping Privatization

9. For Liberal candidates:

Services that are being cut from hospitals are almost always privatized. As public non-profit hospital beds are cut, they are replaced, when they are actually replaced at all, with for-profit long-term care, for-profit home care, for-profit rehabilitation and private clinics.

In addition to the privatization of the ownership of health care provision, there has also been a proliferation of user fees for patients. New user fees for seniors' drugs have been introduced, and the Minister of Health recently announced means-testing (and therefore more user fees) for home care.

What will you do to ensure that your party upholds its longstanding commitment to a universal public health care system? (Universality means no income-testing or means-testing.) What will you do to stop privatization and ensure that all new capacity is built in the public-non-profit health care system?

10. For Conservative candidates:

Services that are being cut from hospitals are almost always privatized. After the round of hospital restructuring under the Mike Harris government, as public non-profit hospital beds are

cut, they are replaced, when they are actually replaced at all, with for-profit long-term care, for-profit home care, for-profit rehabilitation and private clinics.

In addition to the privatization of the ownership of health care provision, there has also been a proliferation of user fees for patients. New user fees for seniors' drugs were introduced under the Mike Harris government, and access to public homecare was strictly rationed forcing more patients to pay user fees.

In the new PC Party White Paper on Health Care, the plan calls for "commissioning" or contracting out of a whole range of services.

Will you commit publicly to stopping privatization of the ownership of public and non-profit health care services? What will you do to reduce user fees and uphold single-tier Medicare?

11. For NDP Candidates:

    There is no mention of stopping health care privatization in the NDP platform.

    Will you commit to stopping the cuts to and privatization of public and non-profit owned health care services? What will you do to reduce user fees and uphold single-tier Medicare?

P3 Hospitals

12. The privatized P3 hospitals are proven to be much more expensive than normal publicly-financed hospitals. A recent University of Toronto study found them to be 18% more expensive. The Ontario Auditor General found the Brampton P3 hospital to be $200 million more than if that hospital was built publicly.

    P3s bind Ontarians into paying long-term privatization contracts that stretch 30-years – even though we do not know what technological changes will bring for health care 30 years down the road.

    With billions earmarked for new infrastructure projects, the lessons of the gas plant fiasco (which was a P3 deal gone bad) just like the lessons of the 407 P3 deal have still not been learned.

    What will you do to stop the P3 privatization of new hospitals?

Endnotes

[i] Ministry of Health and Long-Term Care statistics as of April 1, 2013 at http://www.health.gov.on.ca/en/common/system/services/hosp/faq.aspx

[ii] Ontario Auditor General 1999 Report: page 169.

[iii] Armstrong, Pat et al. *Exposing Privatization: Women and Health Reform in Canada*, University of Toronto Press, 2001.

[iv] Ontario Auditor General 2001 Report: page 315.

[v] Block, Sheila "Health Spending in Ontario: Bleeding Our Hospitals" *Ontario Alternative Budget* Technical Paper #4, 2002: page 7.

[vi] Martin Gaynor, Mauro Laudicella and Carol Propper, "Can governments do it better? Merger mania and hospital outcomes in the English NHS" *Working Paper No. 12/281* Centre for Market and Public Organisation, Bristol Institute of Public Affairs, Bristol University: January 2012.

[vii] Kurt R Brekke, "Merging hospitals and services may reduce quality of NHS care" *The Conversation*: 28 June 2013.

[viii] Thomas Weil, "Hospital mergers: a panacea?" *Journal of Health Services Research and Policy:* October 2010 15: 251-253 .

[ix] Ibid.

[x] Bonnie M. Jennings, "Chapter 24. Restructuring and Mergers." *Patient Safety and Quality: An Evidence-Based Handbook for Nurses*.

[xi] "Mythbusters –Myth: Bigger is always better when it comes to hospital mergers," Canadian Health Services Research Foundation: 2002.