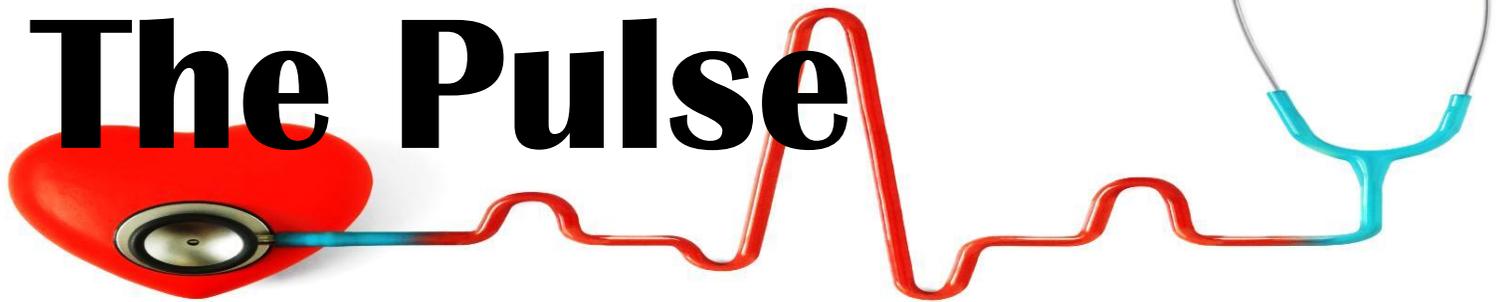


The Pulse



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New OHC Report Finds 10,000 Ontarians Waiting For Home Care

"Still Waiting: An Assessment of Ontario's Home Care System After Two Decades of Restructuring", released by the Ontario Health Coalition in April, reveals major problems in Ontario's home care system. Many of the problems have been reported by Ontario's Auditor Generals since 1998, yet are still not resolved. As a result, Ontario's home care system is plagued by inadequate services, inequitable access to care and poor oversight.

The report also reveals that 18,500 hospital beds have been closed since 1990 and other hospital services such as outpatient rehabilitation are being cut across Ontario. While patients are being downloaded from hospitals, too often there are inadequate services in the community.

The OHC called for a full review of the competitive bidding system in home care, as recommended by the Ontario Auditor General. The Minister of Health did not respond to this recommendation.

The report's release generated controversy as former CCAC executives wrote scathing letters to the Toronto Star attacking the health coalition and its findings. A letter countering their claims by Natalie Mehra, coalition director, was published.

"Access to home care in Ontario is not improving. Huge wait lists, totalling more than 10,000, have persisted for more than a decade," said Natalie Mehra, coalition director. "We found that home care funding is actually shrinking as a percentage of health spending even though hospital beds continue to be cut and closed. Patients face long waits, inequitable and inadequate access to care, and user fees. Access to information and democratic accountability are worse than ever."

cont'd on page 3...

OHC Fights Hospital Secrecy Law

In April, the McGuinty government included a loophole, which will allow hospital CEOs to deny requests for public access to an array of information regarding quality of health care in hospitals. The clause (Schedule 15 of Bill 173) was slipped into the government's Budget Bill after lobbying of the government by the Ontario Hospital Association and insurance companies. It has nothing to do with the budget.

The inclusion of the Hospital Secrecy Law, as this clause has been dubbed, prompted a flurry of opposition from groups in addition to the Ontario Health Coalition, including the Canadian Civil Liberties Association, the Ontario Nurses' Association, the Council of Canadians, ImPatient for Change, the Registered Nurses' Association, health care unions such as CUPE, CAW, SEIU and OPSEU, the Association for Reformed Political Action, the Ontario Trial Lawyers Association, the Ontario Federation of Labour, the Medical Reform Group, and concerned citizens.

cont'd on page 3...



Media Conference at Queen's Park to Release Home Care Report: from Left, Derrell Dular Older Canadians Network, Natalie Mehra Ontario Health Coalition, Derek Chadwick Canadian Pensioners Concerned

UPCOMING LOCAL HEALTH COALITION MEETINGS

- London Tues. May 31 7pm CAW 27, 606 First St.
 - Kingston Wed. May 18 5pm 230 Brock St.
 - Niagara Wed. May 25 7pm CAW Hall, 124 Bunting Rd.
 - Oshawa Tues. May 24 7pm CAW 1425 Phillip Murray Ave.
 - Ottawa Thurs. May 19 7pm Rec Ctre, 411 Dovercrt Ave.
 - Peterborough Thurs. May 26 4pm 246 Romaine St.
 - Sarnia Tues. May 31 7 pm Grace United Church
 - Thunder Bay Tues. May 31 5:30pm Waverly Library
- For more details: 416-441-2502 ohc@sympatico.ca



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Trading Away Sovereignty

How the Canada-Europe Trade Deal Could Threaten Your Health



A new trade deal being negotiated between Canada and the European Union could threaten protections for Canada's public health system, limit our government's ability to contain the cost of drugs and undermine protect public

health measures. Under CETA – the Comprehensive Economic and Trade Agreement -- Canadian governments at the federal, provincial and municipal levels could find themselves less able to forge policy in the public interest.

According to a recent study, provisions in CETA could add about \$2.8-billion a year in costs to Canadian drug plans if implemented. The estimate includes \$1.3-billion more for public drug plans and \$1.5-billion for private drug plans. Ontario alone could see drug costs jump \$500-million, reports the Globe and Mail.

Drugs are the fastest growing component of health care costs. In the negotiations, the Europeans, acting at the behest of the pharmaceutical industry, are pushing to slow the entry for cheaper generic drugs to the market. Generic drugs cost 25 to 50 percent of the equivalent brand-name drug.

Other provisions could limit our government's ability to create a national pharmacare (public drug insurance) or home care program, forcing them to pay out future profits of existing companies in penalties. It is not clear what the threat to the public health insurance system (Medicare) in Canada might be.

Members of the Ontario Public Health Association have issued a further warning that CETA could threaten governments' ability to take measures to reduce alcohol consumption.

This deal, which is designed to go further than NAFTA, is in negotiations now. The federal government has asked the provinces for proposals. It is important that Ontarians know about this deal and work to ensure that our governments do not allow health care – our ability to develop our health system and regulations in the public interest – to be negotiated away.

For more information go to:

<http://healthcoalition.ca/main/issues/ceta-trade-deal-threatens-medicare> or
<http://www.canadians.org/trade/index.html>

On public health threats go to:

http://www.apolnet.ca/resources/docs/CETA_Background.pdf

The OHC is organizing a volunteer lobby on CETA. To help, please contact our office at 416-441-2502 or email ohc@symapico.ca



BOOKS

A TIMELY WARNING FROM ACROSS THE POND

"...this book is written for everyone who feels the need for a health service that is truly comprehensive and free; and for one they can trust, as opposed to having to confront a marketplace of health 'products' and providers and never knowing if what is being offered is really in their interest, or in the interest of shareholders."

from the preface to *The Plot Against the NHS*

Written by Colin Leys, an emeritus professor from Queen's University, and Stewart Player, a health policy analyst, *The Plot Against the NHS* is a potent warning about government acting in concert with the private sector to dismantle a public service in the interest of profits. The NHS – the vaunted British National Health Service -- once the model public health system for the world, is now the model for health care privatization. Ontario's governments have found their inspiration across the Atlantic for such schemes as privatized P3 (Private Public Partnership) hospitals, for-profit clinics, and even the LHINs.

Now, Britain's new coalition government has introduced a new set of radical "reforms" that would further dismantle Britain's universal public health service despite an election promise to stop the "top-down reorganizations" of the NHS.

Ontario's government has its eye on Britain, recently consulting with top bureaucrats about a ranking system for hospitals. For those who want a glimpse of what can happen here, and some lessons on fighting back, this book is a must-read.

For more information go to:

http://www.merlinpress.co.uk/acatalog/THE_PLOT_AGAINST_THE_NHS.html

FALSE POSITIVE Private Profit in Canada's Medical Laboratories

When your doctor takes a blood sample for analysis, where does it go? Does it find its way to your local, publicly owned hospital? Does it take a longer journey to a private, for-profit lab in the next city?

Chances are, you've never given it a lot of thought. In this daring exposé of the laboratory system, Ross Sutherland investigates its historical and contemporary development in Canada and argues that the landscape has been heavily influenced by the private, for-profit companies — to the detriment of the public health care system.

Ross Sutherland is the Ontario Health Coalition chairperson. He is a registered nurse and holds a master's degree in political economy from Carleton University.

For more information see:

<http://www.fernwoodpublishing.ca/False-Positive/>



Secrecy cont'd from page 1...

The government has pushed through the budget bill quickly, opting for only one day of public hearings on the eve of the Easter long weekend. The hearings were held in Toronto only. Even with the very short notice, more than a dozen groups appeared at the hearings to ask the government to repeal the hospital secrecy clause.

Both NDP and Conservative MPPs on the Finance Committee voted against the hospital secrecy clause. They were outnumbered on the committee by Liberal MPPs who pushed the secrecy measure through. In the next step, the Budget Bill, including the hospital secrecy clause, will go to the legislature where the government will use its majority to pass it into law.

The OHC and about a dozen groups appeared at the hearings in opposition to the clause, dubbed the Hospital Secrecy Law. The government proposed an amendment to the clause which provides no substantive change. The amendment proposal states that hospitals be allowed to hide:

"...information provided in confidence to, or records prepared with the expectation of confidentiality by, a hospital committee to assess or evaluate the quality of healthcare and directly related programs and services provided by a hospital, if the assessment or evaluation is for the purpose of improving that care and the programs and services."

"The government's amendment allows hospital executives to make some documents secret, by simply stamping "confidential" on them or retroactively suggesting that the records were intended to be

private," said Cybele Sack of ImPatient for Change, a patient advocacy group. "Our freedom of information laws are meant to increase transparency and this amendment undermines that spirit."

"It is hard to believe that lobby groups, all of them with vested interests, can succeed in stifling public access to information without any appropriate consultation and public policy process and despite opposition from all the public interest and patient groups that are aware of the issues," noted Natalie Mehra, director of the Ontario Health Coalition. "The process and the substance are both profoundly anti-democratic."

"The government's proposal to extend hospital secrecy significantly undermines the government's own Public Sector Accountability Act," she added. "It puts the onus on patients and the public to undertake lengthy and complex appeals processes to justify seeking information from hospitals. It is entirely the wrong way around. Hospitals should have to show cause to keep information secret. They are publicly-funded institutions upon which every Ontarian relies for care. They should be more publicly accountable, not less."

The law is expected to pass any day. It will take effect in January 2012. In response, the OHC is asking member groups to let us know if you have asked for information from a hospital and have been denied access. We will continue to fight this law leading into and after the provincial election next fall.

For more information and background, please visit our website at www.ontariohealthcoalition.ca

Home Care cont'd from page 1

"Seniors want to age at home," noted Derek Chadwick from the Canadian Pensioners Concerned. "Often home care is not available unless seniors have the money to pay for it out-of-pocket."

"This report is meant to be a wake up call for all Ontario political parties as we lead into the provincial election," said Derrell Dular, managing director of the Older Canadians Network. "Improving access to home care must be a priority."

"Provincial Auditors have repeatedly recommended a full review of the competitive bidding system that has siphoned resources and focus away from front line care. We are repeating this call," he concluded.

The full report can be found at <http://www.web.net/~ohc/homecare2011finalreport.pdf>

Key Findings

- For more than 12 years, provincial auditors have reported that access to home care across Ontario is inequitable with some CCACs receiving up to double the funding that others receive.
- There are no standards for access to care. Huge wait lists have persisted for more than a decade, totalling more than 10,000 people since 1999.
- Home care funding is decreasing as a proportion of health spending -- from 5.5% to less than 4.5% between 1999 and 2010. Funding per home care client has decreased from \$3,846 in 2003 to \$3,003 in 2009.
- Inadequate standards and poor quality control have continued for more than 12 years, according to Provincial Auditors. Inconsistent and inadequate tracking of complaints has not been resolved after 12 years.
- Public accountability and democratic control over home care have decreased.
- Administrative costs are very high. Administration and case management take up 30% of CCAC budgets totalling more than \$500 million. There are four tiers of administration before funding reaches front line care, yet oversight is consistently poor. Competitive bidding has siphoned vast resources away from care.
- Staffing shortages threaten access to care.
- Repeated calls by the Ontario Auditor General for a full review of the competitive bidding system in home care have been ignored.



Protecting Small, Rural and Northern Hospitals

On the Friday before Christmas, the government released Phase 1 of its long-awaited expert panel report on rural and northern health care. The government held public round-tables through the winter to garner feedback. The OHC organized participation in these, along with written submissions from a number of local groups. The final report is likely to be ready by next fall, though it is unlikely to be released prior to the provincial election, scheduled for October 6.

The Ontario Health Coalition supports the primary recommendation of the Minister's panel that the Ministry of Health and Long Term Care must consider access to care when pursuing other quality of care initiatives. We also support the focus on geography and proximity to services. Among the other recommendations that we support are the following:

- The creation of a framework, strategic directions and guidelines to guide health care planning for rural and northern Ontario.
- The recognition that rural residents, health providers and other stakeholders must be active participants in health care planning for their communities.
- The inclusion of transportation, ambulance and patient transfers in the recommendations.
- The recommendation to create one point of accountability within the Ministry of Health focused on the needs of rural and northern Ontarians.
- The recognition of the need to address staffing shortages in rural and northern communities.
- The tentative steps towards embracing local flexibility and control guided by provincial standards, and we encourage a stronger acceptance of these general approaches.

We do, however, have a number of concerns. The most serious of these relate to how the panel's recommendations may impact rural access to care, particularly across southern and mid-Ontario. Our chief concerns are as follows:

- The focus on access outlined at the beginning of the report, including geographic proximity, does not carry through the report. It cannot be found in the recommended principles, and it does not flow through into concrete recommendations for many aspects of health care.
- The recommended definition of "rural" adds to the confusion surrounding the future of the hospitals in many communities as it excludes dozens of local hospitals, including those at most risk for closure and serious service cutbacks.
- The distance to care recommendations lack definitions and have added to our confusion and concern. There is no mention of the problems patients in rural and northern communities face in accessing chronic care, rehabilitative care, home care and long-term care in facilities and there are no standards proposed for these.
- We do not support the recommendations that would assign to LHINs the responsibility for setting standards for access to care, defining performance goals, and creating funding models. These are policy decisions that are the responsibility of the provincial government.
- More concrete recommendations are needed to alleviate health care human resource shortages.
- The recommendations regarding creating "local hub" models of planning, and referral networks and pathways are unclear. Clear recommendations regarding this must be consulted upon before they are adopted.
- Community engagement should be replaced with transparency, democracy and public accountability. Recommendations pertaining to roles and responsibilities for improving access need to be clarified and improved.

For our full submission and other information on protecting rural and northern care go to: www.ontariohealthcoalition.ca



Ontario Health Coalition Fundraising

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Thank You cards from original collages of Indian, Japanese and decorative papers by coalition director Natalie Mehra. NEW Rosie the Riveter cards too! You can mix and match. Please indicate the number of cards for each design and the number and sizes of Save Our Local Hospitals t-shirts you would like, total up at the bottom of the order form and include cheque/cash for payment.

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