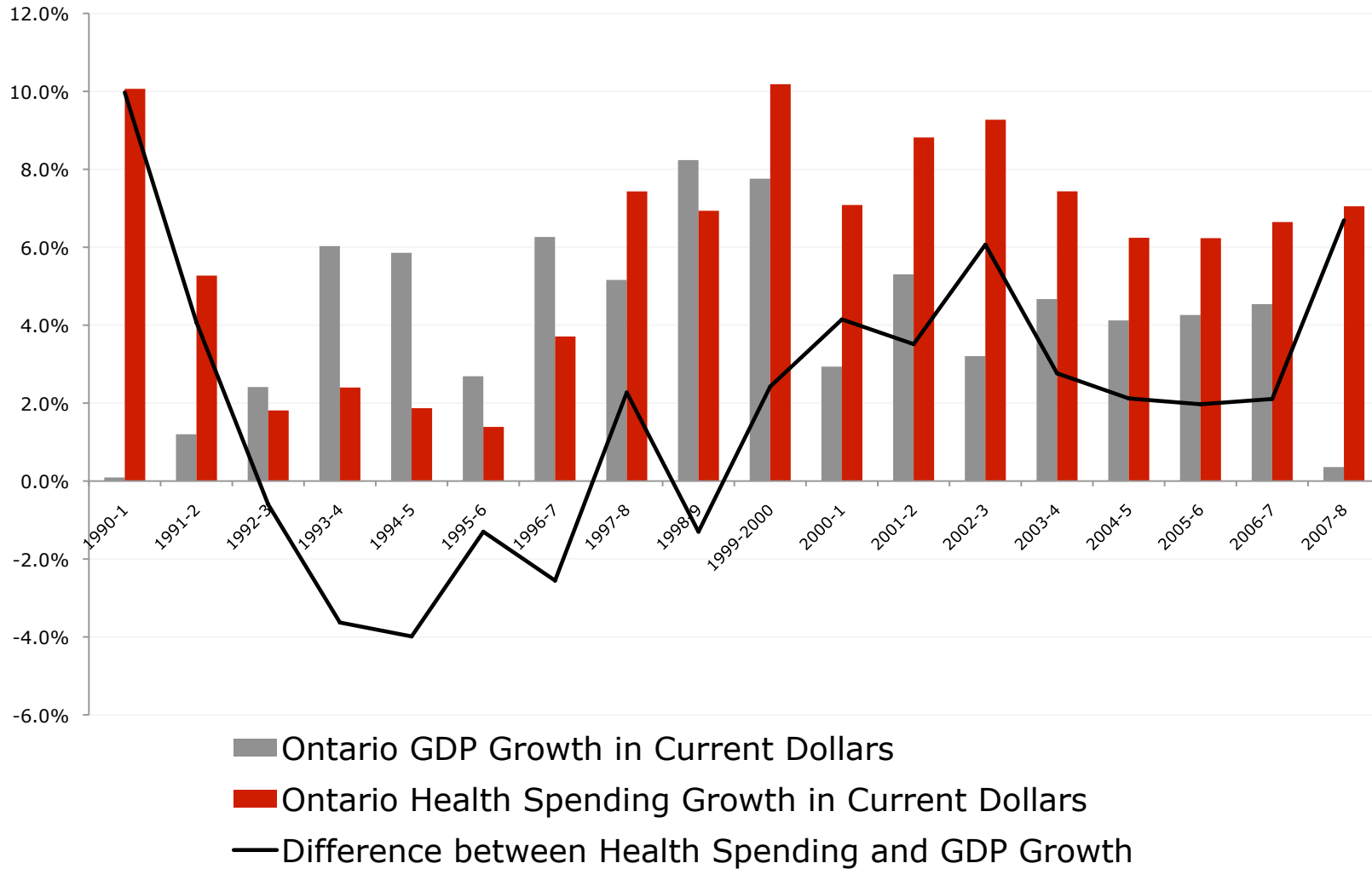




# Keeping Ontario Healthy: Policy Ideas for a New Decade

Breakfast with the Chiefs  
March 9, 2010

# Fiscal conditions today are very similar to 1990

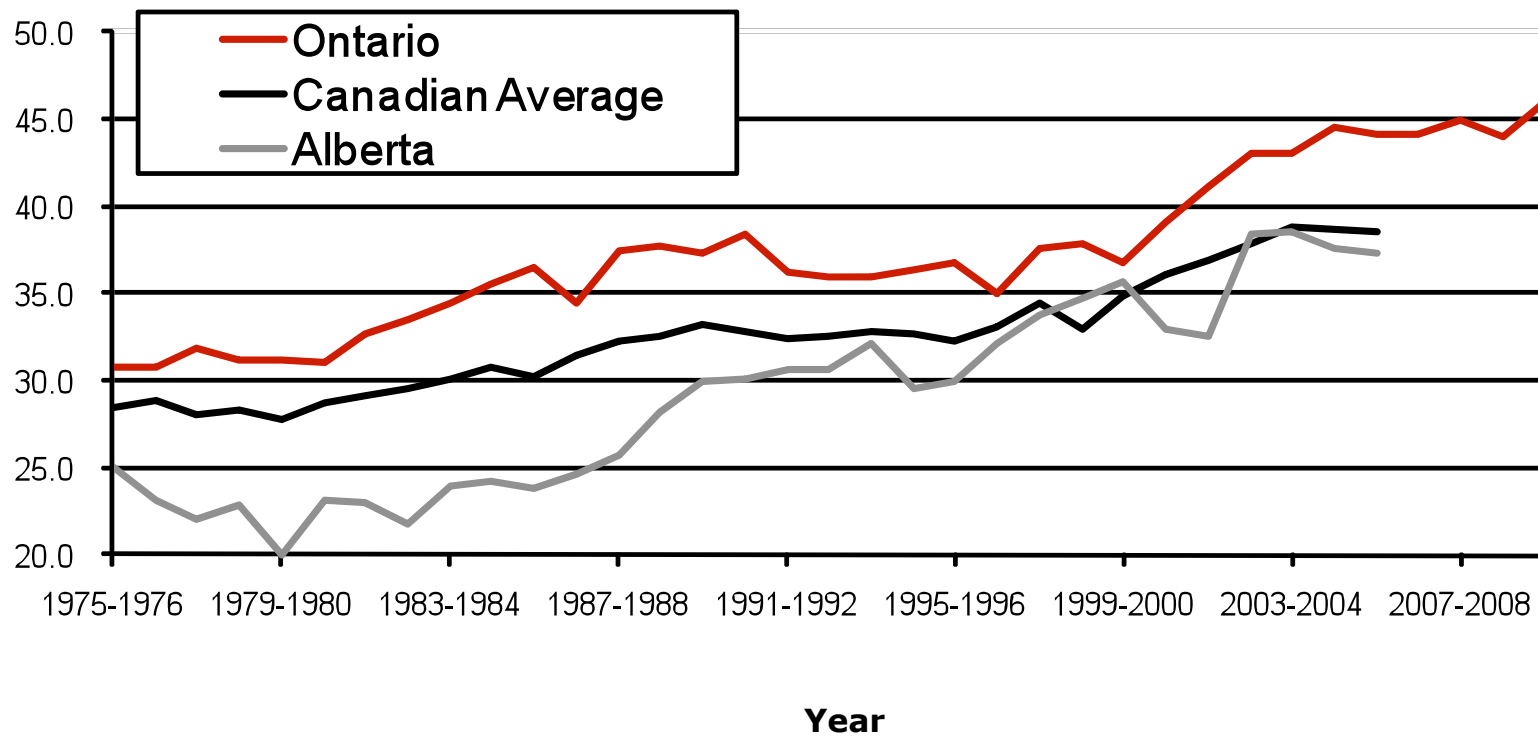


# Health consumes an ever greater proportion of the provincial budget

## Provincial health expenditures, as a % of provincial expenditures

1975-1976 to 2005-2006

(percent)



# 1. Invest in Management

- Establish a province-wide institute for excellence in health management
- Certify management skill levels
- Create an on-line curriculum
- Establish CME requirements (Continuing *Management* Education)
- Institute a major job exchange program for managers
- Establish a strong performance incentive system

## 2. Reduce Administrative Overhead

- Implement the stewardship agenda of the MOHLTC
- Modify salary disclosure requirements
- Publish executive compensation guidelines for the healthcare sector

### 3. Give LHINs a Clear Mandate

- Consolidate support functions between health service providers to create
  - One Laboratory organization
  - One IT department
  - One HR department
  - One management reporting department
- Add Board members with strong financial backgrounds

## 4. Incent Hospital Reform

- Establish a formula that provides equal pay for work of equal value
- Ensure case reporting is timely and reliable
- Establish a more robust methodology for deficit hospital work-outs
- Link autonomous hospital boards with a commitment to fiscal discipline
- Provide capital to fund permanent operating budget reductions
- Limit wage increases to the rate of inflation

Based on a 2005 study, patients with chronic diseases often do not receive the recommended care

### Diabetes care in six countries

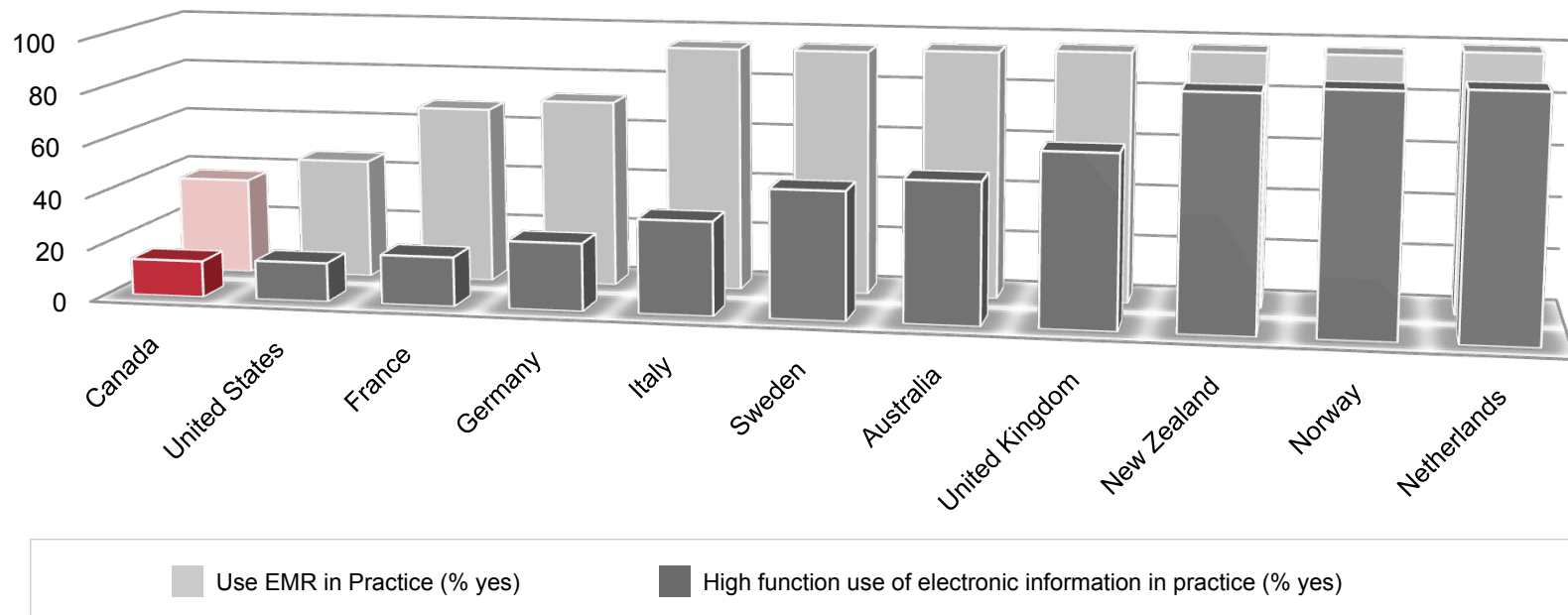
|   | <b>CAN</b> | <b>AUS</b> | <b>NZ</b> | <b>UK</b> | <b>US</b> | <b>GER</b> |
|---|------------|------------|-----------|-----------|-----------|------------|
| <b>Indicator</b>                            | %          | %          | %         | %         | %         | %          |
| A1C in last 6 mos.                          | 90         | 86         | 79        | 85        | 90        | 91         |
| Feet exam in last year                      | 52         | 57         | 66        | 75        | 70        | 65         |
| Eye exam in last year                       | 73         | 73         | 66        | 83        | 69        | 85         |
| Cholesterol checked in last year            | 91         | 93         | 87        | 92        | 92        | 95         |
| <b>All 4 services received In last year</b> | <b>38</b>  | 41         | 40        | 58        | 56        | 55         |

## 5. Keep People Healthy

- Give the mandate to manage diabetes to CCO
- Install EMRs in every community-based practice

# In a recent study of primary care physicians in 11 countries, Canada ranked last in EMR adoption and high function usage

Primary care physicians' use of EMR in practice and high function use of electronic information (%)



NB: Countries with less than 80% high function use of electronic information also show the highest % GDP spent on health.

## 5. Keep People Healthy

- Give the mandate to manage diabetes to CCO
- Install EMRs in every community-based practice
- Continue to build Family Health Teams
- Continue to expand services for seniors in their homes

THE GLOBE AND MAIL  
MONDAY, OCTOBER 18, 2004

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## Standards and transparency are good medicine

**GWYN MORGAN**

**M**uch of the recent first ministers health-care summit focused on waiting lists. But what about the dangers facing Canadians once they finally land a hospital bed? One only needs to read the headlines of Canada's major newspapers to understand the state of our health-care system: "Hospital errors kill thousands in Canada, study estimates — Sample of records finds medical mistakes affected about 7.5 per cent of patients" or "Baby among 23 killed by drug-pump failures" or "Man died after wrong drug administered."

Our health-care system must be measured by both access and quality. It astounds me that the quality standards of our most important

services, i.e. treating illness and saving lives, are below the standards of what the public expects from private industry.

When we buy an automobile, we expect that there is almost no chance of any catastrophic mechanical failure that would jeopardize our lives. When we fly in an airplane, we rely on a "no defect" experience. When an aircraft accident occurs as a result of quality-control failure, there is a huge regulatory and public outcry, and a great effort to get to the root cause.

Yet every week in our country, mistakes are made in our operating rooms, hospital wards and nursing homes; the cumulative human toll numbers in the thousands.

While a single failure of a private-industry product gets huge attention, only a small portion of the serious errors affecting patients in our health-care system is even re-

ported. How can Canadians find this acceptable?

I don't know the answer, but I do know that no private company could stay in business if its "defects rate" was even a small percentage of that in Canadian health care today.

Canada's health-care system rates below Western European standards on both access and quality. Patient care and accountability must dictate policy. To this end, our political leaders would be wise to consider politically neutral benchmarks to measure the quality of services delivered throughout our health-care system.

For example, the International Organization for Standardization, a network of the national standards institutes of 148 countries, including Canada, offers a quality-management tool called ISO 9000. Applying international standards

would provide Canadians with transparent measurement of quality, safety and reliability. With benchmarks in place, future discussions of our health-care system could focus on the actions necessary to deliver better patient outcomes.

Clearly, tragic mistakes are taking lives. When this occurs, we hear all kinds of excuses such as "overwork," "not enough funding," or "mistakes happen." How long would the public tolerate such excuses if it were private-sector errors taking these lives?

International standards are directed at establishing processes and behaviours that yield a "no-excuses" focus on achieving the highest quality results humanly possible.

And speaking of humanly possible, I have great respect for the dedication and capability of our

health-care workers. This unacceptable quality record is clearly caused by placing good people in a dysfunctional system.

Do we, as Canadians, think it's as important that existing quality standards — as we lie on the operating table or in the recovery room — are at least as good as the standards used in the construction of the car we drive? When it's my family or friends whom I am anxiously pacing the hospital waiting room to hear about, I know what my answer is.

Canadians want better patient care. To achieve this, we need to adopt world-class quality standards and reporting systems for our health-care system.

*Gwyn Morgan, a professional engineer, is president and chief executive officer of Calgary-based EnCana Corp.*

# Globe & Mail Oct 18 2004 : Gwyn Morgan

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services, i.e. treating illness and saving lives, are below the standards of what the public expects from private industry. It is a great effort to get to the root cause. Yet every week in our country, mistakes are made in our operating rooms, hospital wards and nursing homes; the cumulative human toll numbers in the thousands. While a single failure of a private-industry product gets huge attention, only a small portion of the serious errors affecting patients in our health-care system is even re-

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Canada's health-care system rates below Western European standards on both access and quality. Patient care and accountability must dictate policy. To this end, our political leaders would do well to consider politically neutral benchmarks to measure the quality of services delivered through our health-care system.

For example, the International Organization for Standardization, a network of the national standards institutes of 148 countries, including Canada, offers a quality management tool called ISO 9000, a widely applying international standard.

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# Preventable adverse drug events are a leading cause of death in Ontario

## A Patient Safety Imperative

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- › There will be 394,000 preventable adverse drug events in Ontario this year resulting in:
  - 240,000 physician office visits
  - 36,000 hospitalizations
  - 4,000 deaths
- › Most prescriptions in Ontario are hand-written on paper, making it impossible to address this safety issue



- › ePrescribing, barcoding and computerized physician order entry can prevent, each year:
  - 217,000 adverse drug events
  - 132,000 physician office visits
  - 20,000 hospitalizations
  - 2,200 deaths
- › Resulting in savings of \$350 million in healthcare costs

## 6. Make Medications Safe

- Pass drug safety legislation
  - Ban hand written prescriptions by 2015
  - Ban paper-based prescriptions by 2018
- Move expeditiously to implement a province-wide ePrescribing system
- Establish deadlines for bar coding in all hospitals and provide sufficient funding

# Six Policy Initiatives

1. Invest in Management
2. Reduce Administrative Overhead
3. Give LHINs a Clear Mandate
4. Incent Hospital Reform
5. Keep People Healthy
6. Make Medications Safe



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