

***Submission on Bill 36
The Local Health System Integration Act***

Presented to the

Standing Committee on Social Policy

Submitted by

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OPSEU Local 479 represents the near 200 health professionals at the Royal Ottawa Hospital (ROH). We are among the 30,000 health care workers represented by OPSEU in this province. The facility in which we work is also one of the first P3 hospitals to be constructed in Ontario.

We are grateful for the opportunity to participate in this public consultation with respect to a Bill

we believe has the potential to fundamentally transform the health care system in a manner undermining of the principals of the Canada Health Act (CHA). Publicly-funded health care services as set out in the CHA reflect fundamental Canadian values and the preservation of these principals is essential for the health of Ontarians now and in the future.

Who pays the price for health service restructuring?

Patients

Ontario like the rest of Canada is experiencing increasing income disparity. The rich are getting richer and the poor poorer, the gap between them ever widening. This is a disturbing trend in a prosperous province, the economic engine of Canada. Poverty, specifically income inequality, is the most powerful determinant of health and

the negative consequences for population health in this province are inescapable.

In the absence of income equality, social programs are the great equalizers mitigating some of the negative impacts of poverty. Chief among these is our public health care system. When this system is weakened, population health suffers and the economic consequences are costly though not necessarily immediately apparent. The human toll is impossible to measure. Middle and especially low income Ontarians have borne the brunt of health services restructuring and they will continue to carry the burden of the LHINs.

This is not the first time patients in our community have had to deal with the impact of major health system restructuring. During the Harris government the Health Services Restructuring Commission (HSRC) directed

sweeping changes to take place in our community. Two hospitals were closed and a third sought recourse to the courts in order to assure its continued survival. The Salvation Army Grace hospital served a community which included many low income families. Its loss has been deeply felt. Promised community investment which was to precede hospital closures never materialized but the closures went ahead leaving residents of this community with reduced access to needed health care.

The Montfort, a unique cultural institution within the health care system, was slated for closure, despite the fact that it met the unique needs of the Francophone community. In an apparent effort to reduce duplication the kind of large scale restructuring carried about by the Harris government and provided for in Bill 36 threatens a form of health care homogenization which fails to recognize the unique needs of linguistic and

cultural groups, inner city communities, women, aboriginal people, etc. These are needs which must be taken into account in providing effective health care.

The concentration of services in particular facilities which are deemed to provide a service at an acceptable cost has the effect of denying local communities comprehensive care and transfers the cost of health care from the public system to the individual regardless of the ability to shoulder those costs producing a two tier system with regard to access to needed services. Low income Ontarians will not be surfing the net to find the facility in another community that can offer a needed service in a more timely fashion! This reduced access to services will be hard felt by middle and low income Ontarians who will either experience financial hardship or simply go without needed services.

The directives of the HSRC have not been fully implemented in our community and the prospect of further restructuring is quite daunting. Under the HSRC the decision was made to centralize all mental health emergency services in the remaining general hospitals resulting in the closure of the Psychiatric Emergency Service at the Royal Ottawa Hospital. The unique character of this service was not recognized nor the seamless service provided to ROH patients who now must present at a general hospital for emergency admission. This has been experienced as a great loss by patients and families. Again the promised dedicated services at the general hospitals have never been fully realized in favour of a homogenized approach to mental health emergencies.

Workers

In order to be maximally efficient workers need to be free of the worry as to whether they will have a job from day to day or who their employer will be. The loss of productivity not to mention the toll on the health of workers associated with continuous instability cannot be underestimated. Instability appears to be much of what Bill 36 has to offer with its continuous restructuring of the health care system. The chronic shortage of health care professionals is exacerbated by this threat to employment which will only aggravate current challenges in attracting workers to these professions. Remote communities, as always, will be hardest hit by these recruitment and retention problems. The province needs to commit to develop through negotiation and to fund human resource labour adjustment plans that will include at a minimum:

1. Layoff as a last resort;

2. Measures to avoid layoff;
3. Voluntary exit opportunities;
4. Early retirement options;
5. Pension bridging; and
6. Retraining options.

An integrated system without physicians?

Of all the perplexing omissions from this plan to integrate the health system such as ambulance services and public health, none is more perplexing than the exclusion of the gate keepers of the system: physicians. Much of the inefficiency in the system can be traced to cumbersome mechanisms between physicians

and other health care providers and institutions. More efficient and integrated service for patients is a value for all health care providers and cannot be accomplished without the involvement of key providers such as physicians.

Disintegration in mental health?

The inclusion of some aspects of mental health service provision and the exclusion of others, i.e., psychiatric hospitals under the direct control of the MOHLTC, precludes true integration of mental health services whose uniqueness is again not recognized by Bill 36.

What about the real cost drivers in health care?

Surely a significant interest in putting forward this legislation is the control of health care costs. And yet the chief cost drivers are not addressed. Drugs are the fastest growing cost in the system. This industry stands outside the system and is driven entirely by market forces to the detriment of patients, especially low and middle income earners. Clearly no relief is in sight!

Privatization, another chief cost driver, is conspicuous in its absence. In fact there is considerable concern that this Bill in fact favours privatization and facilitates it. The problems faced by our system such as wait times and shortages will be exacerbated by further privatization. As an example, the availability of home care to patients in our community has been severely undermined by the privatization of this key service and particularly by competitive bidding.

What is needed, what is missing?

First of all transparent language! There is little that is local in the LHINs: vast geographic regions increasingly remote from the communities they serve, with inadequate or non-existent mechanisms for local control and input, lack of accountability, centralized exercise of expanded powers on the part of the Minister, minimal public consultation. We need to know what the plan is! We need an articulated vision of the “system”!

We need to address the revenue generating problems inherited from the Harris government’s ideologically driven tax cuts which robbed government coffers of \$13 billion to support our public services and spare an already efficient health care system from further “efficiencies”. We need to feed and fine tune the system, not

dismantle it for sale to the private sector. That is something low and middle income Ontarians cannot afford!

Most importantly, we need to look beyond the budget cycle and the election cycle to set policy that will secure a health care system for the Ontarians of today as well as the Ontarians of tomorrow.