# ONTARIO'S HEALTH TRANSFORMATION PLAN

## *PURPOSE AND PROGRESS*

**Speaking Notes for:**

**The Honourable Minister of Health and Long-Term Care**

**September 9, 2004**

**St. Lawrence Market, North Building**

**Check Against Delivery**

Thank you.  It's a pleasure to be here.

It's an honour to be in the presence of women and men who spend their professional and private lives healing and caring for other people.

Ladies and Gentlemen ….  there is no greater human endeavour…no more vital program that holds the fabric of our nation together than our public health care system.

Yet, in spite of the strong current of support that exists for public health care, the system is showing signs of strain. A growing and aging population, and increasing demands for access to the latest innovations, are all contributing to ever-increasing cost pressures.

The Ontario government has responded to these pressures with significant new investments in the health system. Indeed, we see both health and education as such important priorities that we've asked virtually every other sector of government to make sacrifices in order to free up funding for them.

But this is certainly not sustainable. Clearly, change is needed.

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This is an extraordinary time for health care in Ontario. Our health care system has undergone tremendous scrutiny and evaluation these past few years… the problems have been diagnosed over and over again. The solutions and the choices before us have been made crystal clear.

Now, there's an appetite for action in every corner of this province. It's reflected in the words and the ingenuity of the groups and individuals I meet with across Ontario. This appetite for action is palpable at the table at provincial and territorial meetings.

Today, there is a historic opportunity for the federal government to forge a new partnership with the provinces and territories and to act *together* to make medicare better and stronger for our generation and the next.

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Our government is a passionate defender of medicare because we believe it is the very best expression of Canadian values.

In the 18th century, there was a view that there were only three true "professions" -- law, theology, and medicine. Everything else was a "trade." Even two centuries ago, a very unique value was assigned to health care; helping the sick was a calling on par with interpreting the word of God.

What lawyers were doing on the list I'm not sure!

Today, the mission of keeping people healthy and caring for the sick continues to be a responsibility of singular importance.

The spirit and the brain power that fuel medicare belong to the 250,000 Ontarians who deliver health care on the front lines, and the thousands of others working within our government and in other organizations who are involved in this endeavour.

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All of us know very well that what we do is not just another job; it's the ultimate public service.

And, while we're on the subject of those who give so much of their time, energy and effort on behalf of the health of Ontarians, I just want to take a moment to acknowledge the work of a very special group of people: the staff at the Ministry of Health.

Regardless of whether they are a policy analyst at the Hepburn Block, a microbiologist in our public health labs, a front-line worker in an OHIP office, or manager in a regional office, our people do exceptional work in exceptional circumstances.

And, not only do they play a key role in the current health care system, they are working as I speak all across our Ministry dedicated to the task of building a better health care system.

Medicare is something which is constantly evolving.

New issues arise, new threats are identified, technology evolves, demographics change… it's not a static system, nor should it be.

Defending medicare is not the same thing as defending the status quo.

Medicare is very much a 'work-in-progress.' That was always the intent.

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Tommy Douglas made the very same point. And he made it much better.

> "Let's not forget," he said, "that the ultimate goal of medicare must be to keep people well rather than just patching them up when they get sick. That means clinics. That means hospitals available for active treatment cases only, getting chronic patients into nursing homes, carrying on home nursing programs that are much more effective, making annual check-us and immunization available to everyone. It means expanding and improving pharmacare and denticare programs. It means promoting physical fitness through sports and other activities."

Tommy Douglas and champions of medicare who have followed, like Begin and Romanow paint a similar picture of a mature system where the different parts *all* work together …. and *all* work for the patient.

That's what our government's plan to transform health care is all about: taking medicare to its necessary next step – creating a *comprehensive* and *integrated* system of care that is shaped *with* the active leadership of communities and driven *by* the needs of the patient.

Colleagues and partners, our government's health care transformation plan is rooted in the undeniable truth that all parts of the health care system depend upon the other….and *12 million patients depend on us all!*

We are all in this together.

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Transformation must begin with a new way of thinking and behaving.

It must be allowed – and should be encouraged – to permeate the culture and daily routines of every health care institution. In this regard, the Ministry of Health must lead by example.

In the last 11 months, our government and the ministry have shown that we are not operating in the same old ways.

We have committed ourselves to honest talk with our health care partners about our expectations, the fiscal realities we face, and the solutions and choices before us.

Our government has articulated a vision for where we are going, and a plan of action to get there. We have told Ontarians the results they should expect and we have taken responsibility for our part in the success of this plan.

We have demonstrated through our tone, and our actions that our government has a fundamental belief in and respect for community-based agencies from the smallest addiction treatment program to the largest hospital.

We have shown that we are prepared to Lead.

And this is a time for leadership.

Cultural change will require from all of us a genuine desire to rise above self-interest and build a mature relationship *with* each other, *for* the patient.

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Can the dream of an integrated, patient-centred health care system be realized?

Of course it can because it is the people of this great nation, and this great province who built medicare together, not so long ago.

If we could dare to build that dream, we can certainly dare to make that dream better?

Can it be done? History is full of great examples of people working together to change their culture and their circumstances.

Here's one story. In the 1970s and 1980s, the Japanese seized an opportunity to improve the productivity and job satisfaction of workers and the quality of their products. They rejected the old assembly-line system based on piece work and a rigid division of labour in favour of a team-based approach, and turned the automotive industry on its ear.

This new approach, viewed as radical at the time, was based on a philosophy, known as Kaizen. In practice it means that everyone involved in making cars from the top managers to the workers on the floor is involved in solving problems and making decisions. Ideas are communicated up and down the company hierarchy and everyone is encouraged to seek out and exploit new opportunities. Barriers to communication and information are dismantled through information-sharing and collective decision-making.

This new way of working together caused a revolution of quality that new car buyers could only dream of barely a decade or two ago.

People working as a team can change the course of history!

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Is now the time for change?

Without a doubt in my mind.

The appetite for action is, I believe, stronger than our collective impulse to fear change.

We have the leadership capacity in government and in our health care institutions to motivate and drive change.

More important than all of this – patients are telling us loud and clear that we must act to rebuild their confidence in medicare. Patients have told us that results matter.

Take a moment to look at the health care system through the eyes of a patient.

Many Ontarians say that they are satisfied with their personal experiences with the health care system. They have a high degree of trust in the people who deliver their care. This is a testament to the talent and dedication of the women and men on the front lines.

But, many of you in this room or viewing this speech online know far better than I how health care can short change patients. You see their confusion and disappointment when they can't get the care they need.

You know the anxiety of having too few front-line staff to provide the quality of care patients require. You know the perils of trying to make the best decisions possible with too little information and too little time. You know what it's like to lose track of patients as they move from one part of the system to the other. You know that the physical walls between institutions and health professionals too often stand as barriers between people and the care they need.

The rush of the day-to-day can rob this most human endeavour of some of its humanity.

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We need strong leadership to make what is a fundamentally good health care system, great.

Our government is bringing that leadership to the mission at hand.

Leaders know that no one person, no one group or two or three groups can transform health care.

It takes *everyone* working together.

That's why leadership is about sharing power, while showing the way forward.

Leadership is about creating a plan, and mobilizing the right team of people to get it done.

At the ministry, we have assembled such a team of leaders to drive forward the implementation of our health care transformation priorities.

At this time, I'm extremely proud to have this opportunity to introduce the members of our government's Health Results Team.

This team of seven tremendously experienced and creative people will be responsible for leading the implementation of each part of our transformation plan. And this team will work with other all parts of the ministry, health providers, community groups and associations to get this mission accomplished for Ontario patients.

I'm very proud of the team we've assembled. It's comprised of diverse individuals who have distinguished themselves in health care, public life and the private sector. What unites them is a fierce dedication to this cause, as well as a proven ability to bring people together and get results.

The Health Results Team's mission begins today and will sunset when all parts of the plan have been implemented in March 2007.

I've appointed Associate Deputy Minister Hugh MacLeod to be the Team Leader. Hugh was most recently the Assistant Deputy Minister of the ministry's Acute Services Division. Hugh brings tremendous energy and a singular understanding of how Ontario's health care system operates.

Because the success of our plan rests on strong collaboration with health care partners and diverse communities, I am proud to announce that Barbara Hall will be the Lead for Community Relations. In this role, she will ensure that every step of the way we are always listening to and fully involving community groups and associations in local planning and implementation of our transformation initiatives. Throughout her eminent career in public service, as mayor of Toronto and in posts including Chair of the National Strategy on Community Safety and Crime Prevention, Barbara distinguished herself by her ability to mobilize people and communities in order to get things done.

Next, Dr. Alan Hudson, will assume the position of Lead of Access to Service and Wait Times. He will spearhead the implementation of the government's wait time strategy. One of his chief responsibilities is the development of a comprehensive information system so that we can accurately monitor, measure and report on wait times.

Hudson is a foremost expert in wait times. He learned about the critical importance of access during his career as an internationally recognized neurosurgeon, and achieved an impressive track-record in wait time management as President and CEO of Cancer Care Ontario, where he led the integration of 11 cancer centres with local hospitals. From 1991 to 2000, Dr. Hudson was President and Chief Executive Officer the University Health Network, where he led the integration of Princess Margaret Hospital, the Toronto Hospital and Toronto Western Hospital and the incorporation of Doctor's Hospital to create the University Health Network.

Dr. Jim MacLean will be the Lead on Primary Care Reform and the creation of Family Health Teams. In this position, Dr. MacLean will lead the construction of 150 Family Health Teams across Ontario by 2007/2008.

Dr. MacLean is an accomplished family doctor and has been President and CEO of Markham Souffville Hospital since 1999. He chaired the York region District Health Council's Task Force responsible for redeveloping health services for York Region.

Steiny [pronouced Stainee] Brown, Assistant Professor in the Department of Health Policy at the University of Toronto will Lead Health Information Management. He and his team will be responsible for creating systems to collect timely and accurate information that will drive informed decision making. This will be critical to our ability to evaluate and plan health services, and particularly invaluable for measuring and reporting to Ontarians on wait times.

His experience as principal investigator for the Hospital Report Card project in Ontario and serving on the Canadian Council on Health Services Accreditation and as an Adjunct for the Institute for Clinical Evaluative Sciences will be a great asset.

Technology in the absence of good quality data won't get the job done for patients. Technology has improved, but garbage in is still garbage out.

There are two more individuals who round out the Transformation Leadership Team.

Gail Paech will Lead System Integration. In this role she will head up the ministry team overseeing the creation of Local Health Integration Networks.

Gail has been an assistant deputy minister at the ministry since 1998. She has a been the chief steward of various large-scale government initiatives including supporting the Expert Panel on Infectious Disease control chair by Dr. David Walker and was Assistant Deputy Minister of the Long-Term Care Redevelopment Project. Gail is a registered nurses and served as President and CEO of Toronto East General Hospital.

Gloria Bishop has joined the team to Lead External Communications. Gloria is no stranger to helping large organizations deal with communications challenges in times of change. From 1998 to 2002, Gloria was VP of Public Affairs and Communications at the University Health Network. Some of you will know Gloria from her days with the CBC where she held a number of senior positions, including Executive Producer of CBC Radio's Morningside during the 1980s and 1990s. Gloria worked side-by-side with the late great Peter Gzowski who knew the voice of Canadians.

This is a remarkable group of individuals. I'm looking forward to working with them and I know you will too. And I'd ask you to join me in thanking them for taking on these crucial roles.

The Health Results team is a vital part of the overall ministry team. And the ministry is an absolutely vital part of our transformation. Their work is symbiotic. As the ministry continues the essential work of overseeing and administering the day-to-day needs of the health care system, the Results Team will make sure we are hitting our marks on implementing change.

Health system transformation requires transformation of the ministry as well.

More than ever before, the Ministry will rise up to a play a more strategic role.

We will change the way we do things. And this will open new professional challenges to people working in the ministry who will have opportunities to influence the health system in ways they never have before.

But there's more.

The ministry teams for wait times, primary care and health information management will be supported by Action Groups made up of experts from the health care system. These groups will provide advice and the benefit of their on-the-ground experience.

Now that you have become acquainted with the people leading the implementation of transformation, let's get to the actions that will take us there.

**Patients need a system which is easier to understand and to navigate.**

But, in reality, health care is often difficult for people to navigate.

The continuum of care is often more of a circuitous, poorly signed road.

We all know that we do not have a true health care system. Health care in Ontario is more of a loose collection of services – first rate services delivered by highly talented health professionals – but not a *true* system.

This isn't good for patients, and it stifles the enormous potential locked inside our public health care system.

Remember Tommy Douglas' direction. The ultimate goal is a system that embraces keeping people well *and* caring for them when they are sick.

Decades ago, he described a true system that delivers the care people need, when and where they need it.

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Our government's promise is to bring strong, strategic leadership. And, as I said before, leadership is about sharing power.

Queens Park does not have all the answers, we are not the closest to the day-to-day health care needs of Ontarians. You are.

Health care is very much a community-based activity and we believe that the best health care is found locally.

A crucial step on the path to make our health system better integrated, and more responsive to patients is the creation of Local Health Integration Networks. It's here where we will actually begin to assemble the data to prove or disprove the abundant regional theories about unequal investments.

Many of you already know about our plans to build Local Health Integration Networks, or "LHINs" as we call them.

Let me tell you why they are such an important development.

Although most health care is local, we are not all that effective at planning and responding to local health needs. We call Ontario diverse yet often fail to recognize the health implications of that diversity. Things like average age, how far you live from the nearest hospital and whether your area has a higher incidence of an ailment.

That's why we will be taking some of the authority which currently resides at Queen's Park *away* from Queen's Park, and shifting it to local networks, closer to real people, closer to patients.

To do that, LHINs will align planning and delivery of health care along geographic boundaries that match patient referral patterns. That way, resources will be better matched to patients' health care needs than they do today.

LHINs will ease the movement of people across the continuum of care so that they get the best care, in the most appropriate setting, when they need it.

Consider this, Ontario is made up of a veritable hodge podge of services spread across our vast province with nothing aligning the delivery of care except goodwill and pleading for leadership in report after report.

We have

- 154 hospitals;
- 581 long-term care facilities;
- 42 CCACs;
- 37 local Boards of Public Health;
- 55 Community Health Centres;
- 70 community and public health labs;
- 353 mental health agencies;
- 150 addictions agencies;
- 5 Health Intelligence Units and more

All of this being aided by planning and delivery functions of 16 District Health Councils and 7 Regional Offices.

LHINs are a made-in-Ontario solution. In Ontario, we made a deliberate decision to build on the strength of community-based bodies and respect and support local governance of health delivery organizations.

There is plenty of strength in local communities to leverage. I have listed example after example in speech after speech of integration that's occurring in local communities. LHINs will build upon this momentum.

These examples are all based on a simple concept. If one hospital or long-term care home has a great idea, hundreds of thousands of patients benefit. But if that hospital shares that great idea with every hospital and health provider, millions of Ontarians reap the rewards of innovation.

That's the medicare advantage and we aren't cashing in!
The truth is, while we all have examples of progress we cannot be satisfied with the results to date. System performance has nowhere reached its potential.

LHINs provide the opportunity to spread the best of these practices much more quickly across the *entire* system.

Goodbye Patchwork Quilt!

LHINs differ from what people tend to think of as regionalization in four fundamental ways:

- Our plan will respect and support local governance of health delivery organizations
- LHINs will not directly provide services
- While our government will provide strong and sure leadership, LHINs will be built alongside community voices
- There will not be hard boundaries for patients. My mother who lives in Ravena can still go to the doctor in Etobicoke.

On October 6, our government will be officially launching Local Health Integration Networks. This event will mark the beginning of an open process to engage health providers and citizens in the evolution of LHINs.

In the speech today, the launch on October 6 and the many discussions that follow, our government will use interactive web-based and information technology on a much greater scale than ever before to connect with, inform and listen to Ontario citizens. Afterall, Ontario's health care system belongs to them!

The launch is a starting point for us to build a more integrated, patient-centred health care system in Ontario, together.

Our government and our ministry will be there, ready to do its part. But success will come from all of us stepping up to meet this extraordinary test together!

While we are moving ahead on transforming health, we are continuing to take action today to make health care work better for patients here and now.

Building a more integrated, patient-centred health care system means taking a hard look at our current health care policies and programs.

One such policy is the competitive bidding process used by Community Care Access Centres to contract home care services, including nursing and personal support workers.

According to a formula developed by the previous government, CCACs are required to evaluate all proposals based on both quality and price. But since this policy was created, there have been significant concerns that the formula places a disproportionate premium on the lowest-cost bid.

In an era of restraint, this may not sound like a bad thing. But from the perspective of the patient, the lowest cost does not necessarily equal the best care.

The scale of contract changeover is creating instability in the home care labourforce and in the homes of the patients they serve.

We will work to create a home care system where a greater premium is placed on continuity of care.

That is why I am confirming today our government's intent to undertake an independent review of the competitive bidding process for home care services.

I will provide further details about the review process very soon.

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We've talked about the how we are making the system more integrated and easier for the patient to navigate.

**But what matters most to patients is whether care is there for them and their loves ones in times of need. They want better access to the right care, at the right time, in the right place.**

Our government is taking decisive action on a number of fronts to make health care more accessible to all Ontarians.

In our budget we announced our plan to create 150 Family Health Teams to provide multi-disciplinary, comprehensive front-line health care in people's communities.

Family Health Teams will be key to better disease prevention and management. These teams will be the informed health care coordinators that help patients navigate their way through the health care system.

We will work with local communities and providers including doctors, nurses and other professionals to create Family Health Teams. They will be designed *for communities* and *by communities*, not imposed by Queen's Park.

We will be rolling Family Health Teams out across the health system towards the creation of 45 Family Health Teams this fiscal year.

Right away, I am establishing an Action Committee chaired by Dr. Ruth Wilson to work with Dr. Jim MacLean and his Results Team on Primary Care and Family Health Teams. This Action Group will be made up of notable primary care experts from different disciplines who will give us the benefit of their real world experiences and knowledge. Dr. Wilson leadership of the Committee will be a tremendous asset. Dr. Wilson chaired the Ontario Family Health Network Agency Board for the past 3 years, and is a past president of the Ontario College of Family Physicians.

The Health Results Team will immediately communicate with and provide information to all physicians and to those community groups who have expressed interest in setting up interdisciplinary family health teams, like Community Health Centres, in their communities. Dr. MacLean's team will directly assist communities and provider groups with their implementation plans. Health professionals are busy and so our government will provide direct assistance to get these operations up and running quickly.

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Wait times are the most visible symbol people use to gauge whether they are getting timely access to the care they need.

The truth is, there's no silver bullet when it comes to wait times. And we will not get lulled into thinking that by providing a higher volume of services alone we will solve the wait time puzzle.

Dr. Alan Hudson will be the driving force behind a *comprehensive* strategy to bring down wait times.

Dr. Hudson's team will provide me with a step-by-step blueprint for *how* we will tackle wait times in this province.

And in one year's time, I will stand before you again and report to the public on our progress against this blueprint.

We have already set up an Action Group of some of the best and brightest national and international minds on wait times. They will bring their experiences from 'on the ground' and other jurisdictions to Ontario.
We will reduce wait times in key areas associated with a high degree of disease and disability among Ontarians - cardiac procedures, cancer care, hip & knee replacements, cataract surgeries and MRIs.

Starting this year and over the course of our mandate we will address wait times by increasing volumes in these targeted areas. Our investments will:

- Increase cardiac procedures by more than 36,000 annually by 2007/2008
- Fund 9 new MRI/CT scans, all of which will be up and running by next year.
- Fund 9,000 additional cataract surgeries each year by 2005/2006.
- Deliver 2,340 more hip and knee replacements per year by 2007/2008

But there's more to reducing wait times than just providing more services.

Let's be honest, as important as wait times are, we do not have reliable information about what wait times are or what the ideal should be. And we don't have the systems to track and report on wait times.

That's why one of the most important jobs of Dr. Hudson and his team is to create a comprehensive information system so that we can compile, measure and evaluate wait times.

By fall 2006, our government will have a registry on all our wait time priorities.

Wait times are often a symptom of deficiencies in different parts of the system. And these other parts of the system must be part of the cure.

We know that we can reduce wait times by preventing or at least prolonging people from getting diseases in the first place.

Hip and knee replacement is a perfect example. We know that when we diagnose and treat people more effectively for osteoarthritis, we can lessen the wear and tear on their hips, knees and joints – and avert the need for replacement surgery down the road.

Heart disease is another stunning example. In fact, I'm pretty sure I'm not the only 40-year-old who wondered aloud on the news of Bill Clinton's heart bypass whether I should have driven past a few more drive thrus.

That's why we are promoting better chronic disease management through Family Health Teams to help people avoid or prolong acute illness and injury.

We are bringing prevention and health protection back to the centre of health care by increasing the provincial share of public health funding by $47.5 million this year. That's on top of a $41.7 million strategy to revitalize our public health capacity in direct response to the Walker and Campbell reports on SARS.

And we are launching vigorous campaigns to promote fitness and to combat smoking and childhood obesity – programs you will be hearing more about very soon. And that's why we've acted to make Ontario a North American leader in immunization.

Finally, we are investing in the broadest expansion of community-based health care in Ontario's history so that people have the opportunity to receive care in their homes and communities, rather than in hospitals.

Starting this year, our government is making record investments in home care, community-based health services and long-term care so that people have the opportunity to receive care in their homes and communities, rather than in queuing up in hospitals.

This year alone we invested:

- An additional $406 million in long-term care facilities
- $103 million more on home care
- $65 million more in community mental health services – providing the first base funding increase to community mental health agencies in 12 long years!
- $29 million in community support services like homemaking and Meals on Wheels.

That's over $600 million more this year to provide care to tens of thousands of Ontarians in their living rooms and communities.

Building effective, accessible community-based health care is not only good for patients, it's a wise use of precious health care dollars because it frees up hospitals to provide the kind of care that only they can provide – acute and surgical care.

**Patients need a system that is accountable for delivering Quality results**

The Ontario Health Quality Council is our primary tool to report to the public about how our government and our system are delivering on our health priorities, including wait times, prevention and access to primary care.

Ontarians deserve to know how their health system measures up, what we are doing right and what we need to do better.

The Council will allow Ontarians to hold the government to account in a way they've never been able to before.

The Ontario Health Quality Council will be up and running by this winter and it will table its first report to Ontarians by this time next year.

Later this month, the regulations for creating the Council will go out for consultation. Once this is completed in December, we will begin the process of appointing Council members.

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Accountability and integration depend on good information and the systems to share that information with all members of the health care team.

Health information technology has the potential to be one of the most powerful unifying forces in our health care system. But this potential has not been harnessed.

The lack of a common technology platform and information base in our system doesn't just slow things down, it seriously compromises patient care.

How many times does a patient or his or her caregiver repeat the same information to different providers, at different times. We've all experienced this. It's an enormous waste of time and talent as information is recorded, processed and filed over and over again.

This game of broken telephone is a root cause of medical errors and adverse events – that cost precious resources and can cost people their lives.
The plain fact is, the way health technology has been implemented to date has largely had the effect of reinforcing silos. A patchwork quilt is clear evidence of a sheer lack of leadership.

It's time for change.

Gone are the days that sees new technology adopted here and there, but *never* everywhere.

Also gone are the days where e-health will be treated as a dispensable expenditure. Information Technology is essential to driving our Transformation agenda and it is essential to health care in Ontario.

What you will see in the coming year is a coordinated, rational strategy to put technology in place to power our transformation initiatives.

Let me just give you a few examples.

The e-physician IT project will give all primary care physicians access to systems that will help them manage their patients better, including electronic patient records that can be shared within the health care team.

By next summer, all Public Health Units will have common information management systems to better monitor, manage and track diseases and communicate with each other, other providers and the public about emerging health threats.
Health care is, first and foremost, about people. It's a 'human' endeavour in the purest sense. That's why we need the right professionals, fully contributing their complementary knowledge and talents within a team.

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And one area where there have been clear strategic failings is in cultivating our health human resources. We have often failed to care for the people who provide the care.

Chronic poor planning and the absence of strategies to create healthy professional environments for health care workers have fuelled shortages on the front-lines…shortages that deprive our patients of needed care, while asking too few caregivers to handle too much of the load.

Our government has initiated a number of targeted initiatives to improve the working lives of nurses and doctors. But with our human resources, we must take an integrated, system-wide approach too.

It is my intention to move boldly on this front. Shortly, I will dramatically ramp up our capacity within the ministry to ensure we use all of our people to their fullest potential and that we have the right number and mix of health professionals to meet our patients' needs. Our work will be done in lock step with the Minister of Training, Colleges and Universities.

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Ontario has a clear plan to transform medicare in this province.

Medicare is a system we share as a nation. It is and must continue to be a national partnership.

These are extremely difficult financial times…everyone is feeling the pressure.

Despite this, our government has stepped up with a plan to rebuild medicare…because we believe it is our single greatest responsibility to the people of this province.

But, we cannot do it alone. The federal government must become a full partner once again in medicare.

The McGuinty government has a plan to improve health care and reduce wait times. What we don't have is the fiscal room to get the job done alone.

That's why at this summer's First Minister's Meeting, the premiers endorsed a national pharmacare strategy, not because pharmacare is a greater priority than waiting times, but because a national pharmacare strategy would do three important things: First, provide equitable access to prescription drugs across the country. Second, it takes advantage of Ottawa's leadership role and regulatory and purchasing power – for it is Ottawa that has the most powerful levers to combat the fastest growing health care expenditure. Thirdly, free up the money we now spend on drugs so we can invest it in our plan to do things like shorten waiting times.

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My friends, let us make no mistake about the crucial point at which we find ourselves in the history of public health care in our Province.

Our challenge is to rise above the day to day demand and problem-solving to glimpse a hopeful future, to believe there are solutions.

Success rests on the idea that if everyone gives a little we can gain a lot.

Today, I'm calling on the 250,000 people on the front-lines, the thousands more in our ministry and health organizations who have the privilege to provide the most vital public service to embrace a new sense of mission.

We have a historic chance to demonstrate to the public, to patients, that we can make the positive changes necessary to preserve, and to improve, our medicare system.

Ontario has a great history of pulling together and community building. Once again we are being called together by a cause that is bigger and greater than any one of us. To bring the Canadian achievement of medicare into the future for the 12 million Ontarians who depend on it…and for generations who deserve to inherit its proud legacy.

Thank you.