

Ontario Health Coalition Action Plan 2017 – 18

Final Approved by Board of Directors & Assembly Attendees
December 7, 2017



Context

Ontario's provincial election date is set for June 7, 2018, just under seven months from now. Our Action Plan is framed around the initial goal of winning clear promises leading into the election on our key issues. Immediately after the election we will need to reconvene in a special "Summit" meeting to strategize about how to deal with the new context in which we will be working. Depending on which party is elected, we may need to move quickly on key issues.

Key Issues

Fiscal (Budget) Policy: Funding Health Care to Meet Population Need

Ontario has cut taxes more deeply than other provinces, dropping our province to the bottom of the country in funding for all social programs and public services. The total impact of the corporate tax cuts and tax cuts primarily for high income earners under the Harris/Eves government (1994 – 2003) is approximately -\$15 billion per year. The additional impact of the corporate tax cuts brought in by the McGuinty/Wynne governments (2003 – present) is approximately an additional -\$4.5 billion per year. In total, we have lost almost \$20 billion annually in fiscal capacity due to tax cuts. Imagine if we had \$20 billion more for health care and public services!

These numbers take into account the two slight reversals in the tax cuts policies. When the Wynne government was in a minority position, the NDP struck a deal with them on the budget that forced a slight tax increase (2%) for those earning \$500,000 per year or more. The Liberals said they would eliminate the "surtax" in 5 years when the budget is balanced. (That will be this year.) They also include the new revenues from the increased income tax which the Liberals called the "Health Tax" in 2003.

At the national level as well, massive tax cuts have reduced fiscal capacity. By the end of the Harper era, the federal treasury had been reduced by \$46 billion per year due to tax cuts given to corporations and high income earners. The Trudeau government's promise to increase taxes on those earning \$150,000

or more is not sufficient to come anywhere near to reversing this. Early this year, the federal government abandoned the Health Accord negotiations with the provinces. Instead, they strong-armed through bilateral deals with each province and territory one at a time. These deals vary only very slightly from the cuts that the Harper government proposed. They will result in a shortfall of more than \$30 billion across Canada. The lion's share of the cut and shortfall falls on Ontario. We will lose more than \$18 billion over the next decade.

Over the years, fiscal policy, that is, the choices that governments make in public budgets, has become more and more important in health care policy. The tax cuts that have primarily benefited the wealthiest and corporations have come at a steep cost. Today, Ontario funds health care at the lowest levels of all provinces. Our hospitals are funded at the bottom rate in Canada. We have fewer hospital beds per person than any other province. We have less nursing care per patient than any other province. We have fewer long-term care homes beds per person than any other province. The key improvements we need in policy – increased hospital funding, increased hospital and long-term care capacity – require new funding to accomplish them. So, fiscal policy is increasingly important in order to protect public health care, stop privatization and improve access to care on equitable terms. We need to promote budget options that restore funding to Ontario's social programs and health care.

Access to Care: Rebuilding Capacity to Meet Population Need

Ontario has the fewest number of hospital beds per capita in Canada. We are third from the bottom in the number of long-term care beds. We have the longest long-term care waits in the country. We have the most overcrowded hospitals of any jurisdiction in Canada and the developed world. The last hospital bed study that was done in Ontario was approximately 1994-95 and was based on data from earlier than that. The most recent long-term care capacity study that was done was just prior to 1997. Our government has simply abandoned fundamental planning for the health system. We need to restore basic planning to meet population need for care and achieve a plan to get us there.

Reforming Long-Term Care Homes to Better Meet Population Need

There is total consensus among advocates, residents' and family groups, unions and non-profit providers that one of the top priority issues in long-term care is improving the levels of daily hands-on care: repositioning, hygiene, feeding, bathing and so on. The levels of violence in long-term care homes have been increasing significantly as the downloading of more and more acute hospital patients has accelerated. Today, the acuity of the residents in long-term care measures at the high and very high level for more than 80 percent of all admissions. Care levels are not keeping pace. Inadequate care and high levels of accident, injury and, in the extreme, homicide, are the result.

This situation requires funding and there is a competition for resources. For-profit long-term care homes have been pushing for funding in the funding "envelopes" and areas in which they can take profits. The homes want capital (that is, facilities and bricks and mortar) funding because it improves the value of their assets which, although Ontario tax payers pay for them, belong to the corporations. They want funding in the accommodation envelope because any unspent money in this envelope can be taken for profit. But the envelope system has been changed in ways that we have not yet assessed, and the staffing data, which is worse in for-profit homes, shows that there is leakage – meaning that some funding meant for care is being taken out (or the homes would have consistent care levels whether for- or non-profit/public).

We need to achieve reform in long-term care to improve the daily hands-on care levels, protecting residents and staff alike from increasing violence and improving outcomes. The coalition is calling for a minimum care standard of 4-hours of hands-on daily care per resident per day.

Reforming Home Care to Meet Population Need

Combined home and community care budgets have increased by 5 per cent per year for the last decade. Using figures from Ontario's Auditor General, we can see that funding per client decreased from \$3,486 per client in 2002/03 to \$3,003 per client 2008/09. In the most recent audit, the Auditor General reported that funding per client averages \$3,400. Thus, the last decade of funding increases has not quite kept pace with the increases in the number of clients. In addition, the offloading of hospital patients has had a pronounced impact in home care. The acuity -- that is the complexity and heaviness of the care needs -- of home care clients has skyrocketed. The Auditor also reports that in 2014/15, approximately 70% of CCAC long-stay patients were categorized as complex, compared to less than 40% only. The last decade of funding increases has not quite kept pace with the increases in the number of clients. five years ago. So while funding is just barely keeping pace with the increase in clients, it is not keeping pace with their care needs, meaning that care is more strictly rationed.

This year, the government eliminated the CCACs and moved them into the LHINs. This eliminated a handful of executive positions. However, the massive redundancies in all the provider home care companies still exist and the companies still have more control over how home care policy is forged than do care givers, care workers, professionals and the public. A quick review of the data shows:

- Ontario has more than 260 contracts with approximately 160 home care companies to provide nursing, therapies and personal support. According to the Auditor, a 2013 review by the Ontario Association of Community Care Access Centres found that there are 14,000 contracted rates over 94 different service categories in these contracts. All of these redundant structures and systems must be funded by the public purse, along with profit-taking. All of this was created to bring in privatized for-profit home care. A streamlined public home care system would direct hundreds of millions to care from existing budgets.
- Of \$2.4 billion in public funding for CCACs, 62% is given to private companies contracted to provide home care services, amounting to approximately \$1.5 billion per year. Of this, according to the companies themselves, 82% is spent on front-line staff. This means that 18% is taken for profit and administration. This amounts to \$267.8 million a year paid to the 160 duplicate home care companies across 14 CCACs for their profits and overhead. This is an extremely conservative assessment, in fact:
- Although the \$1.5 billion in money spent by contracted home care companies comes from Ontarians through our taxes, the Auditor has no power to audit the companies' financial records to verify their numbers. In fact, according to the Auditor, the private companies report billing CCACs' (public purse) rates for nurses ranging from \$58.20 to \$70.60 and rates for PSWs ranging from \$29.50 to \$48.98 per hour. Yet home care nurses are often actually paid about \$30 per hour and PSWs often make around \$15. For both nurses and PSWs, the difference between what the companies are billing the government and what they actually pay their employees might be as big as 50%. As such, the unaudited claim made to the Auditor General that the companies are spending 82% of their funding on direct care is highly questionable. These numbers indicate that much less is actually making it to the front-lines. Ontarians cannot access financial information and contracts from these companies as they are excluded from Access to Information Legislation.

The Ontario Health Coalition has called for a streamlined public non-profit home care system based on public interest principles, with reformed CCACs, better democratic input and stronger accountability, a cultural change to reflect the values and priorities of Ontarians, and stronger standards to improve care.

Reforming Public Hospitals

The best evidence shows that Ontario's real hospital funding needs amount to approximately 5.2 percent per year to meet population growth, aging, inflation and increased utilization factors. In the 2017 budget, the provincial government announced between 2 and 3 percent increase, the first real-dollar increase in 10-years. We need to have a discussion with Ontarians about pushing for significantly increased funding so that the real care needs of the population can be addressed.

However, the public has been angered over the tiers of management, consultants, and exorbitant executive salaries in public hospitals. People want to fund their local hospitals, but when it becomes a province-wide discussion, the question of money going to these tiers always comes up. We need to raise peoples' confidence that money will go to improving access to and quality of care.

The OHC has proposed to draft a set of reform proposals that will improve care, restore democratic control and align our hospitals with the values and priorities of our communities, and improve care. These recommendations will come out of our Public Hospital Hearings and we will join them with the funding demand leading into the next provincial election.

Stopping Privatization

The Ontario Health Coalition has succeeded in stopping private diagnostic and surgical clinics to a large extent. This is not true in the other large provinces, and as a result, single tier public-Medicare has come under significant threat in British Columbia, Quebec, Saskatchewan and Manitoba. In other provinces, such as Alberta, New Brunswick and Ontario, privatization of hospital clinical services is creeping in around the edges. However, the Ontario government has introduced Bill 160 which, if passed in its current form, will lift the ban on private hospitals and expand private clinics. (See Bill 160 Submission in your Assembly/Conference kits.) As we did in 2013 when the government tried to systematically cut and privatize hospital diagnostics and surgeries via a regulation, we will need to act urgently and decisively to stop Bill 160.

In community care and long-term care, privatization is now rampant. The majority of Ontario's long-term care home beds are privatized and the companies have consolidated into large chains. Home care is dominated by large chain for profit companies and a handful of non-profits. Community services are also being privatized, and non-profits have been forced (or have been acculturated) to adopt for-profit modalities.

From labs, to P3 hospitals to home care, we have concrete examples of how privatization costs more. In the private clinics we have a highly visible and controversial instance of how privatization leads to greater inequities and user fees for patients. The private clinics' court challenge to single-tier Medicare shows how significant is the threat that these clinics pose. We need to boost public literacy about the perils of privatization, develop some clear policy demands regarding stopping and rolling back privatization and the strategy to make this happen.

Action Plan

General Provincial Election

- I. Develop Questions for Candidates, Plan All Candidates Meetings across Ontario.
- II. Develop materials for internal use (to memberships) in keeping with Elections Finance Act (limits and prohibitions on distribution to non-members).
- III. Develop a website and social media tools to support this within Elections Finance Act requirements.
- IV. Do a tour with Dr. John Lister international expert on health policy reform to support our key demands.
- V. Hold post-election Summit to determine next steps in the new context.

Health Care Funding

- I. Hold a meeting of economists that support public health care. Develop a clear policy option that we can use. Build the consensus around a clear and focused demand or set of demands. Develop the public messaging to support these.
- II. Commission an expert report to put Ontario health funding in context and to provide an independent validator for our demands.
- III. Develop a list of extra costs of privatization. (P3s, long-term care redevelopment scheme, labs, home care etc.) and push for the reversal of privatization and these monies to be used for public health care.
- IV. Develop an analysis of where private companies are saving as a result of the public pharmacare plan in Ontario and recapture that funding to go towards public health care.
- V. Develop a public education campaign including short videos, social media tools, fact sheets, pictures, blogs, letters to the editor and promote these as widely as possible.
- VI. Convene a conference call of our members, local coalitions and allies to engage them in this process, to inspire their creativity and to help become ambassadors for this.
- VII. Consult with the Canadian Centre for Policy Alternatives on their Health Care funding report.
- VIII. Organize province-wide participation in the pre-budget hearings. Develop specific sector fiscal "asks" and include these.
- IX. Build a campaign on the federal government Health Accord funding cuts leading into the 2019 election.

Stopping and Rolling Back Privatization

- I. Conduct an urgent campaign to win the withdrawal of Schedules 9 from Bill 160. In addition to our submission and briefings of our allies and other groups: write an open letter to all MPPs and distribute it widely; meet with the Minister and Premier; lobby the Standing Committee; hold a day of action at the Ontario Legislature including press conference at the Legislature, questions in Question Period, meetings with leaders and health critics, Minister's staff and others.
- II. Work with one media outlet to do a high-profile exposé on the costs of P3 privatization. Support major campaigns to stop the P3 hospital in Ottawa and Windsor. In addition, obtain disclosure of some private contracts and expose the costs.
- III. Target the PC Party and get a clear commitment not to privatize from them. Do in-person events and Facebook campaign.
- IV. Finish and release laboratory and physiotherapy privatization papers.
- V. Hold special events to advocate for public home care. Respond to Michael Decter's claims.
- VI. Develop a list of extra costs of privatization. (P3s, long-term care re-development scheme, labs, home care etc.) and push for the reversal of privatization and these monies to be used for public health care.
- VII. Support the B.C. Health Coalition campaign regarding the Dr. Brian Day privatization court challenge.

Protecting and Improving Public Hospitals

- I. Public Hospital Hearings Campaign: Finish one-on-one interviews to add to the public submissions we have received in the hospital hearings. Develop a major new report from the hearings, with a full list of recommendations and a short-list of popularized recommendations that will make the most difference. Develop public materials to get out the short list widely. Do a media tour to boost this campaign, including interviews and editorial board meetings. High-level lobby with each political party and ask for clear commitments on these. Publicize results widely.
- II. Community referendum to improve funding/restore services, include visual campaign tool such as lawn signs.
- III. Community campaigns in communities facing major cuts/closures. (Windsor, North Bay, Hamilton, Niagara and others.)
- IV. Release report on Mega-Mergers and downsizing of hospital capacity.
- V. Commission our own bed study to support the call to re-open beds and restore capacity.
- VI. Develop consensus-based recommendation(s) regarding increasing violence in hospitals.

- VII. Large-scale town hall meetings in London, North Bay, Thunder Bay (and other relevant communities) with support and advertising to recruit large crowds, expose over-crowding of hospitals, call for restoration of public capacity.
- VIII. Include issue re. long wait-times for specialists also.
- IX. Look into viability of making a human rights complaint regarding age discrimination and cuts.

Improving Care Levels and Access to Long-term Care

- I. Support passage of Bill 33
 - a. Go to Legislature to fill galleries for 2nd reading
 - b. Issue press releases in support
 - c. Share publicity on social media/contact lists
 - d. Share CUPE's online campaign across electronic media
 - e. Lobby members of the Standing Committee on Social Policy for province-wide hearings
 - f. Develop model submissions with common messages and divide up unique evidence/supporting information for each group to use
 - g. Mobilize member groups to make submissions to the hearings
 - h. Hold rallies outside the hearings
 - i. Plan post-hearing action plan based on whether Bill 33 will move forward to 3rd Reading or whether it will not be passed prior to the election.
- II. Support Univor's 6-minute challenge through social media distribution.
- III. Release OHC's report on Long-Term Care across Ontario in press conferences on the same day.
- IV. Draft joint LTC statement (from conference) for sign on by groups and organizations across Ontario. Release the joint statement. Work with signatory groups to conduct a pre-election media tour on it.
- V. Possible referendum held in long-term care homes on minimum care standard.
- VI. Address the issue of the movement of long-term care beds from smaller communities to cities.

National Level Initiatives

- I. Organize Open Letter to Federal and Provincial Health Ministers to stop two-tier health care and private clinics. Coordinate with provincial and territorial coalitions across Canada to get 1,000 organizations to sign on.
- II. Hold strategy meeting next fall regarding reopening the question of a new Health Accord for Canada. Develop policy goals regarding national funding and standards that would make the most difference. Develop our plan to build this issue as we move toward a federal election in 2019.

- III. Do the pre-planning to conduct our own public consultation with an expert panel on the Health Accord leading into the 2019 federal election.
- IV. Partner with the Canadian Labour Congress on pharmacare town hall meetings. Produce supporting materials.
- V. Continue to support Council of Canadians' materials regarding international trade agreements and health care.

New Issues & Campaigns

- I. Support the creation of an international day of action for health care for all, working with our allies in Britain, the U.S., Europe, Central, South America and the Caribbean.
- II. Find ways to support calls for improved health care and social determinants of health for Aboriginal and First Nations peoples.
- III. Support a progressive approach to addressing the opioid crisis through physiotherapy/improved pain management approaches/mental health and addictions services.
- IV. Support public dental care.
- V. Meet with Ontario's patient ombudsman to talk about systemic issues.
- VI. Build consensus around our approach to the restructuring of public health.