

Ontario Pre-Election Town Halls on Major Health Concerns – Key Messages

Background

The June 7th provincial election provides an excellent opportunity for Ontarians to raise issues to politicians critical to the future of physical and mental health care.

A group of oncology organizations, Save Your Skin Foundation, Myeloma Canada, Lung Cancer Canada, Lymphoma Canada and the Collective Oncology Network for Exchange, Cancer Care Innovation, Treatment Access and Education (CONNECTed), along with the Canadians for Equitable Access to Depression Medication (CEADM), put a spotlight on these issues by hosting two town halls: one in Toronto on March 28th and another in Ottawa on April 5th.

The town halls welcomed Ontarians to hear from a variety of experts including those with lived experience (referred to as patients in this report) to share their insights on issues with Ontario's health care system and to challenge political parties to address and prioritize these issues as part of their election platform. Both events were non-partisan and were not meant as forums for political debate.

The speakers in attendance at both town halls included people with lived experience - advocates for cancer, mental health and chronic illnesses - who described the challenges of navigating our complex system and getting access to medically necessary treatments in a timely manner and health policy consultants who spoke about the knowledge gap between how our health care system works and what citizens know about it, with some calling for a complete health system transformation to integrate health care delivery across the continuum of care that measures and rewards value-based patient health outcomes.

Ontario MPPs and candidate MPPs from the Liberals, Progressive Conservatives and New Democratic Party responded to the issues, sharing their personal and political perspectives on where the focus should be, moving forward, with Ontario's health care system.

An engaged audience voiced their concerns, asking insightful questions of the expert panels and politicians.

Several key themes emerged in cancer, mental health, other medical conditions and overarching.

Following is a summary of these key themes.

1. Cancer

Diagnosis

Our health care system should include targeted screening programs for people at risk of specific cancers including lung cancer. For example, people with lung cancer are often diagnosed too late at stage 3 or 4. Lung cancer screening could not only save lives, but also our health care system thousands of dollars per patient.

Affordability

Three specific issues were raised:

1. For cancer patients, in-hospital IV chemotherapy is covered by our health care system. Oral take home oncology drugs, often innovative game-changers, allowing cancer patients to live longer while staying at home are not covered by Ontario's public drug plan; however, they *are* covered by other provincial public drug plans within Canada. Ontario must cover these as do other provinces.
2. Once a drug has been listed on Ontario's public drug formulary, long wait times for drug-coverage approval by Ontario's Exceptional Access Program and Trillium program result in critical delays to begin treatment for those who can't afford to pay out of pocket. Once applications are approved, in some cases the Ontario government requires a co-pay by the patient. For expensive drugs, a co-pay can place an unjust and insurmountable financial burden on patients and their families, resulting in reduced adherence and compliance to treatments and poorer health outcomes.
3. When first line oncology drug therapies no longer work or cause unmanageable side effects, second and third line therapies may be implemented. In addition, drugs originally identified for use as second or third line therapy may become indicated for first line therapy. In both cases, Ontario's public Drug Benefit plan and some insurance companies may not pay for them, so patients incur out of pocket expense for the drugs they need if they can afford them.

Accessibility

After Health Canada approves a new oncology drug, it can be years before it is made available to Ontarians, as it works its way through the complex and lengthy public reimbursement approval system. Cancer patients cannot wait to receive treatment that saves their lives.

2. Mental Health

Stigma

There remains much stigma and discrimination against people with mental illness. Mental health must be understood and treated in the same way as physical health.

Diagnosis

Mental illness is a disease often without physical symptoms, thereby going undiagnosed and untreated or taking much longer to diagnose, potentially risking progression of the disease, increasing suffering and costing more to treat. Patients need a quarterback to help them navigate our complex health system; someone who knows where to go and who to see to get diagnosed, receive the right treatment and ongoing support to get and stay well.

Treatment

Especially for people with a mental health issue, treatment must be individualized. As well, there are many different mental illnesses, so the right drug and dosage, and monitoring over time is key to effective and efficient treatment and to maintaining good mental health.

Affordability

Innovative depression medications are often unaffordable. Without private benefits to cover them, people living with mental illness may opt not to fill a prescription or be prescribed an alternative drug that may not be effective or may even worsen their disease.

In addition to medication, counselling throughout the care continuum is key to mental health treatment. All mental health provider services, such as psychologists, should be covered by our health care system. No one should be denied the care they need because they can't afford it.

Accessibility

Getting access to innovative medication is at times a long wait. Meanwhile, patients struggle with no medication or a substitute medication with reduced and/or adverse effects, incurring unnecessary pain and suffering, lost productivity, disruptions in income-earning and strained relationships with others. These adverse effects are not only difficult for patients to endure, but they also have adverse impacts on both our health care system and our economy.

Access issues not only impact medications but also proper triage management in hospital settings, particularly emergency departments, where wait times are often extreme when a person presents with a mental illness.

3. Other Medical Conditions

Many of the themes raised by cancer and mental health patients including timely and appropriate treatment access, affordability and problems navigating the complex health care system were echoed by representatives of Crohn's disease.

4. Overall

OHIP+

OHIP+, a provincial drug plan introduced January 1, 2018 to offer free drugs to those under 25 years of age has some programmatic issues. While it does fill the gap for under 25s who have no coverage it does not solve the problem that public plans do not cover all medically necessary drugs for Ontarians. In fact, the list of drugs covered by OHIP+ is the same list of drugs on the Ontario Drug Benefit formulary (roughly 4400 drugs). For OHIP+, there was no analysis on which drugs would benefit the "under 25" age demographic, so many basic drugs like antibiotics to treat common infections are not covered.

Another challenge with OHIP+ is that it has been set up as the first payer. As a result, under 25s, who have private drug insurance for prescribed drugs not on the OHIP+ drug list, are going without drugs or are incurring treatment delays because private insurers are denying coverage, sending people to the public system or are delaying coverage until people are denied special access by the province. There is more pressure on the public's special access program, delaying others' access who need that program. It also adds unnecessary cost to the public system.

Dental Coverage

"Realistic" dental coverage as part of our health care system is long overdue. Somehow, our health care system does not believe one's mouth to be part of one's body. Dental treatment is unaffordable to many and poor dental health leads to a host of other issues like reduced heart health and diabetes to name a few. Dental health issues impact one's quality of life and productivity and add to the strain of Ontario's health care system and our economy.

Home Care

Two issues were that (1) many drugs and medical devices covered in hospital are not covered in a home setting and (2) Ontario's 14 Local Health Integration Networks (LHINs) have a limited budget to cover Personal Support Workers or other kinds of care required to support someone living with a medical condition in a home setting. Lack of budget is directly tied to lack of care.

Greater focus on a home care strategy will reduce the burden on hospitals and cancer centers and allow people more independence, comfort and confidence to manage their illness and/or recover.

Long-Term Care

Two issues raised were (1) wait lists for entry into a long-term care home are excessive – both in the volume of people waiting and wait times to placement and (2) long term care homes are not adequately staffed to provide necessary care to residents.

A long-term care strategy must be defined and implemented that addresses these issues in the immediate term and that considers the demographics of the aging population and its evolving needs.

Physical Health Impacts Mental Health

An individual's mental health often deteriorates because of a physical health condition. Greater emphasis must be placed on holistic patient care across the care continuum rather than focusing only on the acute treatment of a specific diagnosed medical condition.

Unity Across Patient Organizations

Patient organizations must unite in mutual support of each other's needs to government.

Health Care Funding

Three specific topics were raised on health care funding:

1. With such a large amount of public funding going to hospitals, we must ensure inefficiencies, waste and duplication are reduced in hospitals along with any unnecessary high salaried administrative staff. Transparent performance evaluation of hospitals should be out in place.
2. Greater focus and funding should be provided to community-based health services to provide more effective support for the patient throughout the care continuum.
3. Government-funded pilot projects often hit dead ends regardless of how successful the outcomes are. Best practices are often not shared broadly to provide benefit to others. Funding is often not allocated to permanently implement a successful project.

Siloed Care Continuum

Siloed and disconnected health care services are pervasive leading to treatment inefficiencies, delays and in poorer patient outcomes. Integrated care is needed to improve quality outcomes, and to reduce overall healthcare costs and the impact on our economy.

“Universal” Health Care in Canada

This term implies public coverage for all aspects care. In fact, drug coverage outside hospitals is not part of the *Canada Health Act*. Each province funds this drug coverage based on individual priorities and resources, so coverage varies: what is covered in one province isn't necessarily covered by another. This is an important point to consider given that the political parties have prioritized Universal or national Pharmacare for Canadians. While we strongly support this concept, the devil is in the details to create a Pharmacare approach that is meaningful, providing medically necessary treatments no matter where people live or how much money they have. Patients must be integrally and meaningfully involved in defining our country's Pharmacare strategy.

Social Determinants of Health

Education and training, income, employment, gender, sex, race, social networks are included in contributors to long-term health status and must be considered in providing health care. Ontario must invest in these supports for healthy living to reduce the demand for health care services in the long run.

Health Care Transformation

Our national health care system is based on a 60 years old model with providers at the center rather than patients. Providers are not compensated based on patient outcomes but rather volume of services provided. Quality of services and patient outcomes across the care continuum are neither considered nor measured. Quality is defined by providers following practice guidelines and pre-defined processes. This must change to ensure our health care dollars are being spent to address and improve the quality of patient outcomes.

Our country's health care budget rises by billions of dollars annually, yet many people experience long wait times for a doctor's appointment or to be attended to within hospital emergency rooms. No matter your medical condition, there are profound accessibility and affordability issues plaguing patients within our province and across the country.

Without a health care system transformation, we will continue to throw endless amounts of taxpayer dollars at a system that is fundamentally broken, that looks to shift costs rather than reduce them while optimizing patients' outcomes. Albert Einstein said, "Insanity is doing the same thing, over and over again, but expecting different results." Now is the time to focus our collective efforts on a fundamentally different way of approaching health care – one that focuses on value, defined by measuring patient outcomes relative to cost.

Patients, not providers, need to be driving our health care system. To transform our health care system into one that is patient-centered, it is imperative that patients are meaningfully included in defining health care strategies, plans, policies and budgets. Patients know first-hand what is working well and what isn't in our health care system. As one of our speakers pronounced, "We need a system designed by patients for patients!"

Our Ask of Politicians:

1. Implement a faster path of making Health Canada-approved drugs available to Ontarians to save more lives.
2. Expand Ontario's Drug formulary and OHIP+ formulary to include medically necessary drugs so that no one is denied access to the drugs they need simply because they can't afford them.
3. Make OHIP+ the payer of last resort.
4. Implement strategic and operational methods to treat mental illness in a way that is on-par with the way we treat physical illness.
5. Ensure meaningful patient driven engagement in defining our national Pharmacare strategy.
6. Include reasonable dental coverage in our provincial public health plan
7. Reduce the burden on hospitals by ensuring more treatment, drugs and devices are covered for home care.
8. Ensure there are sufficient beds and adequate care offered by long-term care homes in Ontario that address both short and long-term needs.
9. Provide and allocate funding and services to patient organizations.
10. Meaningfully engage patients in transforming our outdated health care system. Our existing system is one that is provider-centric and promotes the shifting of health care costs within a pre-set budget. This system must evolve into one that is patient centric, focuses on quality outcomes for patients and both measures and rewards value across the care continuum. Budget siloes must be removed from the health budget. As part of this transformation, ensure that social determinants of health are addressed.