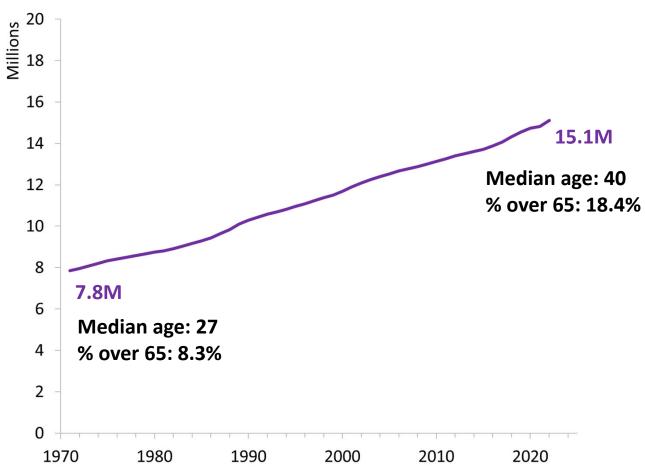


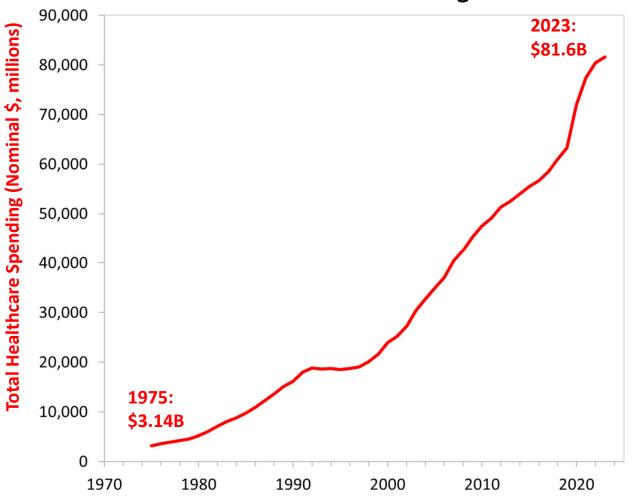
One.

Funding has not kept up with population growth & aging.

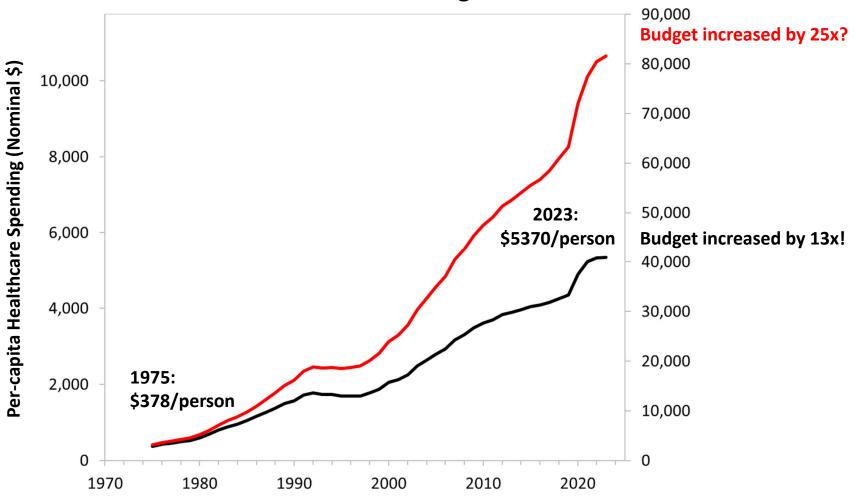


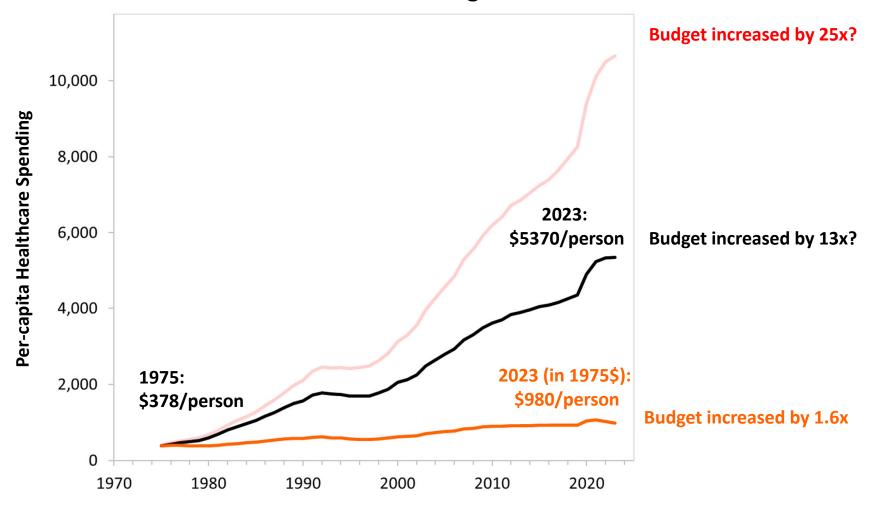
Population of Ontario

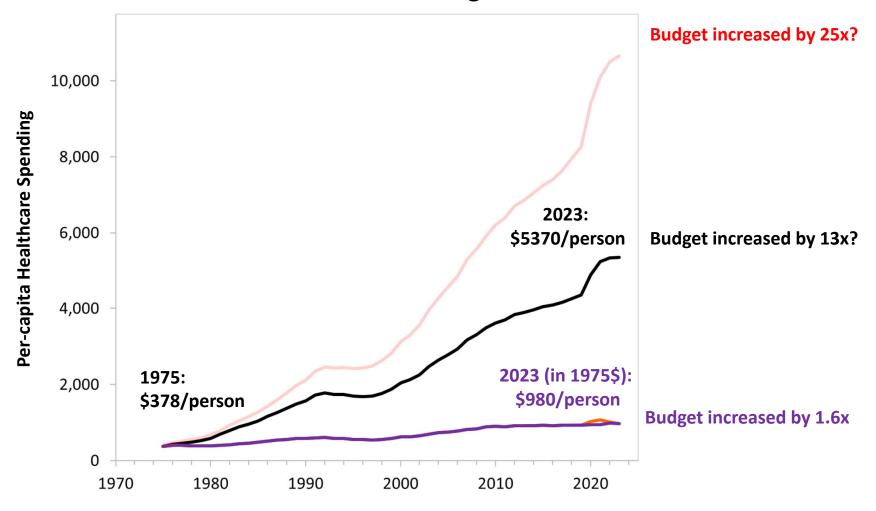


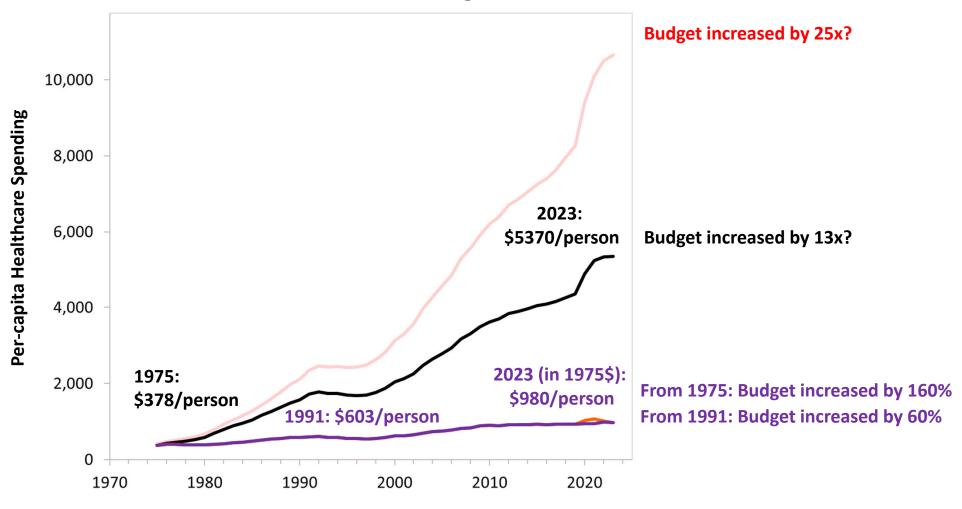


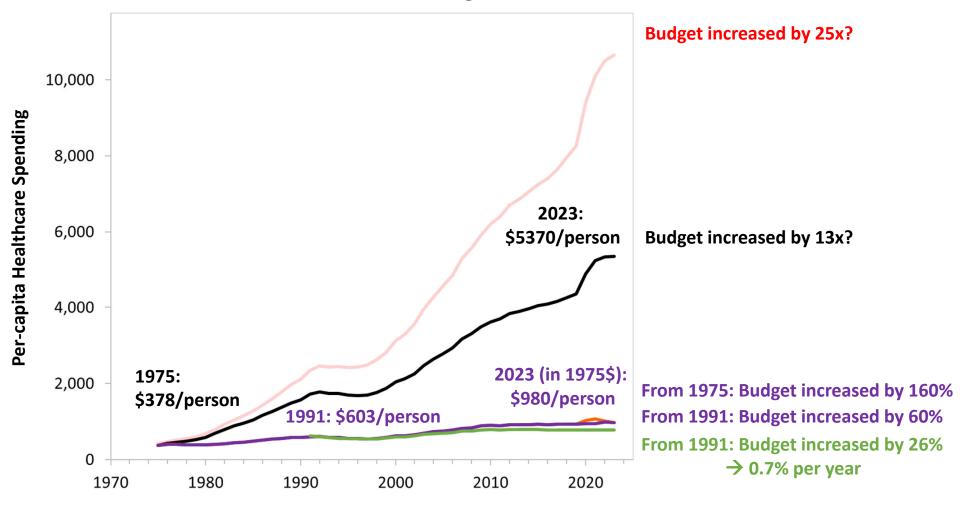
Budget increased by 25x!

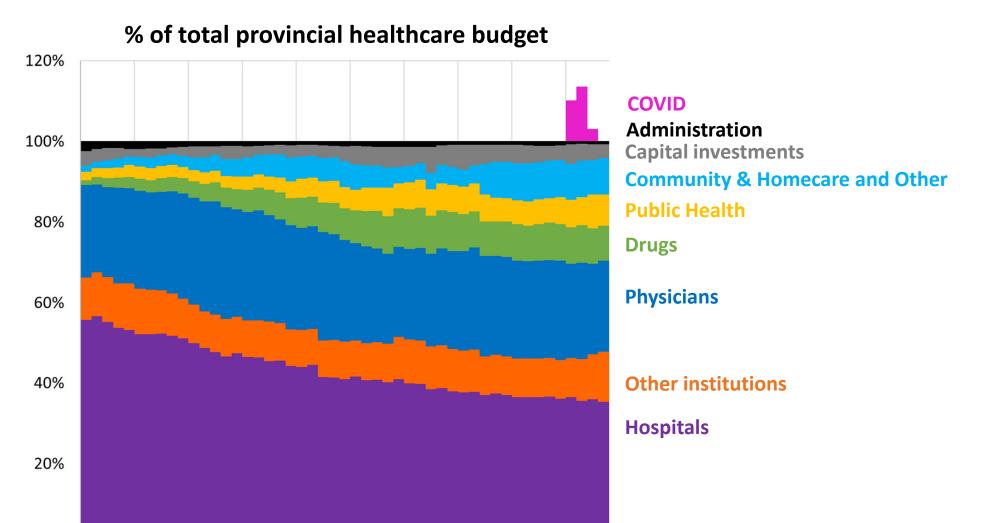








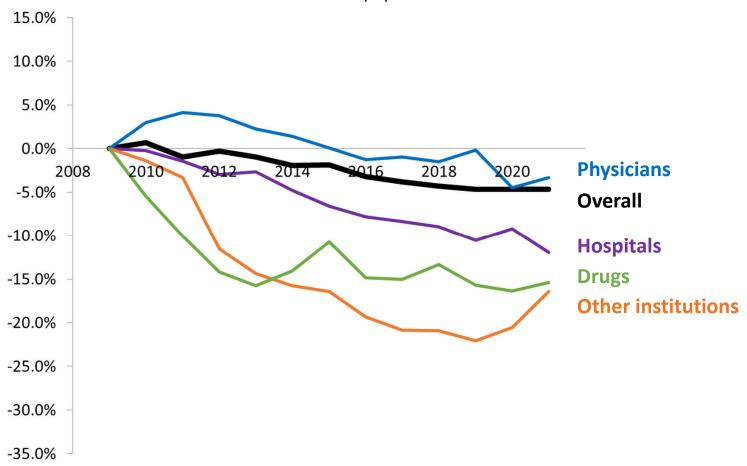




0%

% change in budget compared to 2009

Standardized to 2019 population distribution



Two.

Hospitals are operating over capacity.





Ontario's major hospitals operating over capacity, documents reveal

JANE TABER >

TORONTO

PUBLISHED MAY 16, 2016

At Toronto's Hospital for Sick Children (SickKids), for example, during one quarter in 2013-14 and one in 2014-15, the occupancy rate was above 100 per cent; at the London Health Sciences Centre – University Hospital site, there were 10 consecutive quarters where the occupancy rate exceeded 100 per cent.

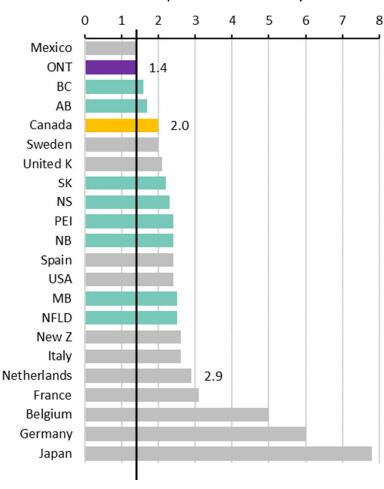
Ontario Hospitals: Lowest per capita in Canada

- Funding
- Acute care beds
- Rate of in-patient hospitalization

& Lowest average length of stay in Canada

Acute care beds per 1000 population

(2015-2018 data)





Surge in patients forces Ontario hospitals to put beds in 'unconventional spaces'

By Theresa Boyle Health Reporter



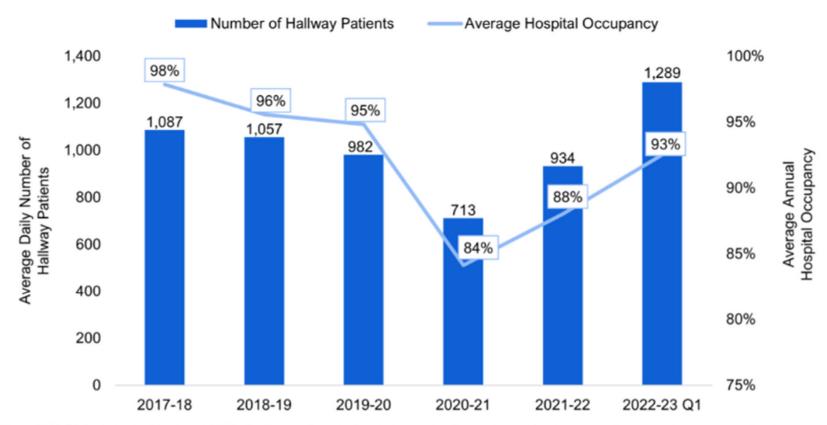
▲ Sunday, April 16, 2017 | ७ 14 min to read

It was bigger than in years past and caught many by surprise. Patient capacity at about half of Ontario's 145 hospital corporations exceeded 100 per cent and reached as high as 130 per cent, according to figures requested by the Star from the Ontario Hospital Association (OHA).

To accommodate the overflow, hospitals have been forced to open at least 1,100 "unfunded beds," more than 250 of them in unconventional spaces, according to the OHA. The organization said these are conservative estimates because not all hospitals participated in a survey on capacity.

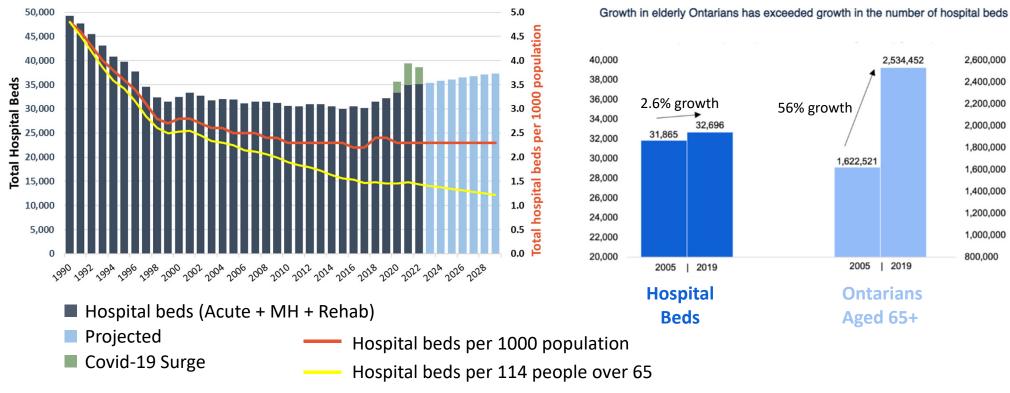
An unfunded bed is one that a hospital did not budget for and therefore did not receive provincial funding to operate. To cover the cost, a hospital must dip into funds raised for capital projects, equipment and research through, for example, fees on parking, private rooms and food vendors.

Average annual hospital occupancy and average daily number of hallway patients, by fiscal year



Note: 2022-23 Q1 is for April to July of 2022. "Hallway patients" refers to hospital patients who received care in hallways or other unconventional spaces. Source: FAO analysis of information provided by the Ministry of Health.

Total hospital beds & Beds per 1000 Ontarians

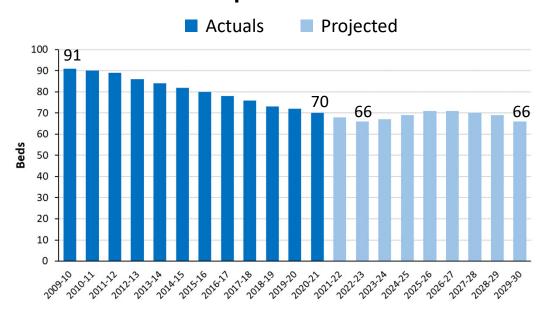


Three.

Insufficient long-term care capacity.

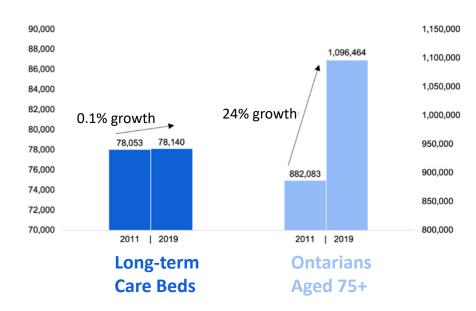


LTC beds per 1000 Ontarians 75+

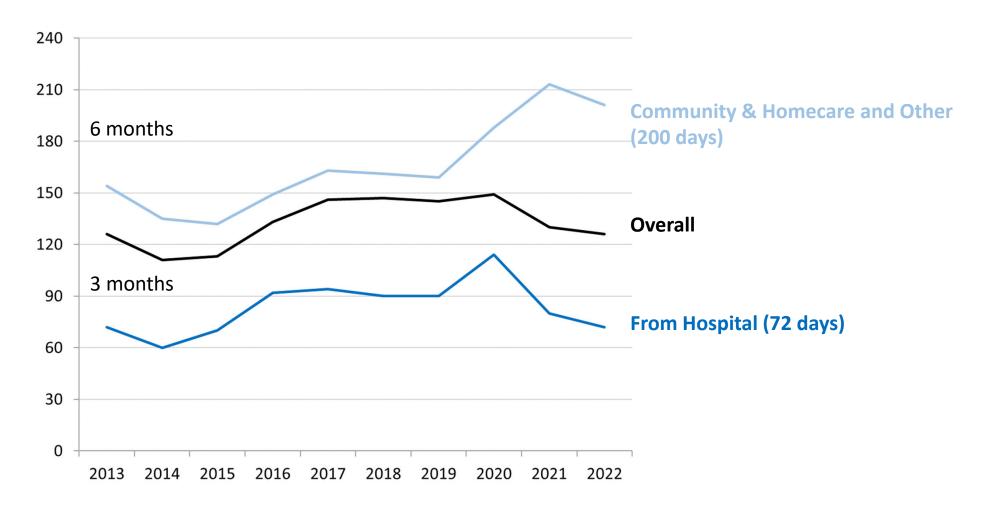


beds: 78,000 80,000 90,000 105,000

Growth in elderly Ontarians has exceeded growth in the number of long-term care beds

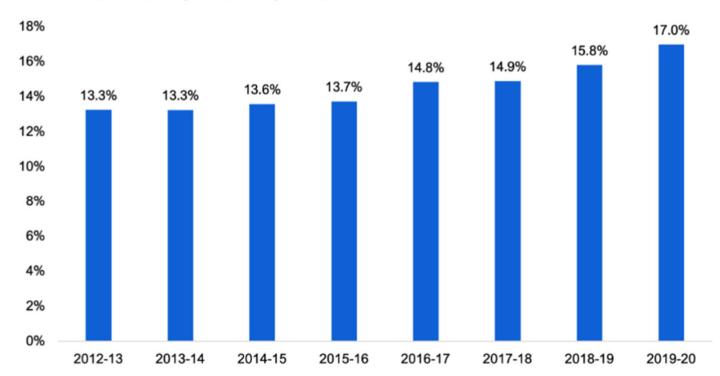


Median Wait Time for Long-term Care



Shortage of LTC beds causes patients to stay in hospital

Share of hospital capacity occupied by ALC patients



Note: A patient is designated as alternate level of care (ALC) when they no longer need care in a hospital but continue to occupy a hospital bed while waiting to go elsewhere such as a long-term care home or rehabilitation facility.

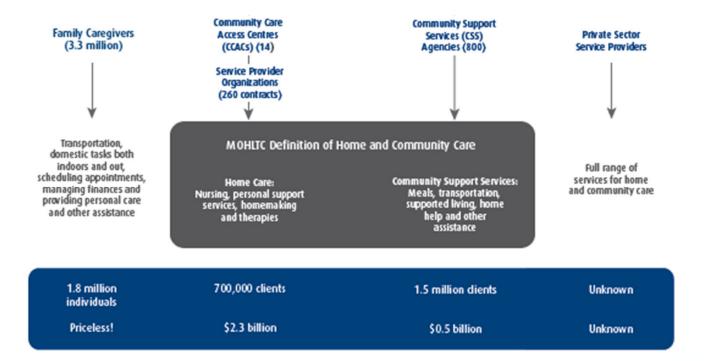
Source: FAO analysis of information provided by the Ministry of Health

Four.

Insufficient home-care capacity.



80% of care at home is provided by family Avg: 17-26h/week ~4 years



2019:

~2.6 h/week

Over 150,000 people purchased approx. 20 million homecare visits

Insufficient capacity at all stages in the continuum of care

LOW

Home with Support (Home Care)

Scheduled Care:

- Home visits
- Prompts with instrumental activities of daily living* (IADLs)
- Professional services
- Social support
- Medication support
- · Episodic acute care

Assisted Living Services for High-Risk Seniors

Scheduled and Unscheduled Care:

- 'Just-in-time' support for urgent personal care
- · Essential homemaking
- · Social support
- · IADL provision
- · Medication prompting
- Relationship with professional services for chronic conditions

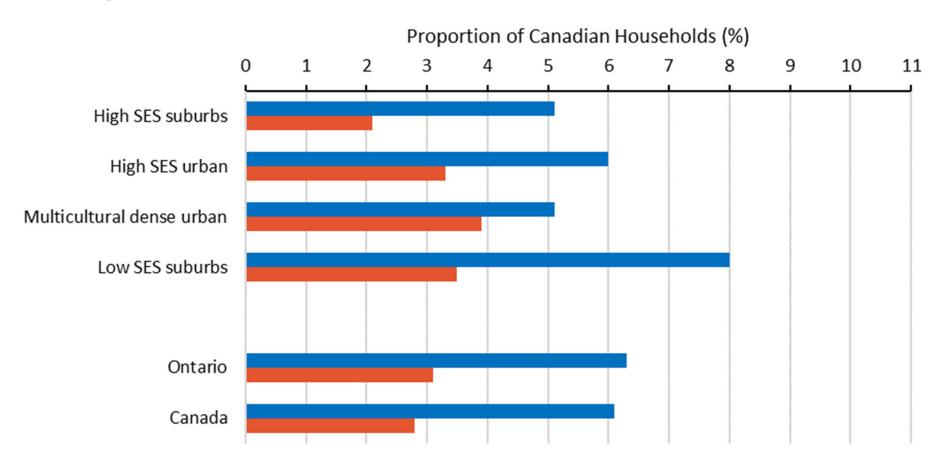
Home Care Unlimited Support

Persons on a long-term care wait list receive home care personal support and homemaking services at a level that exceeds the standard service maximums

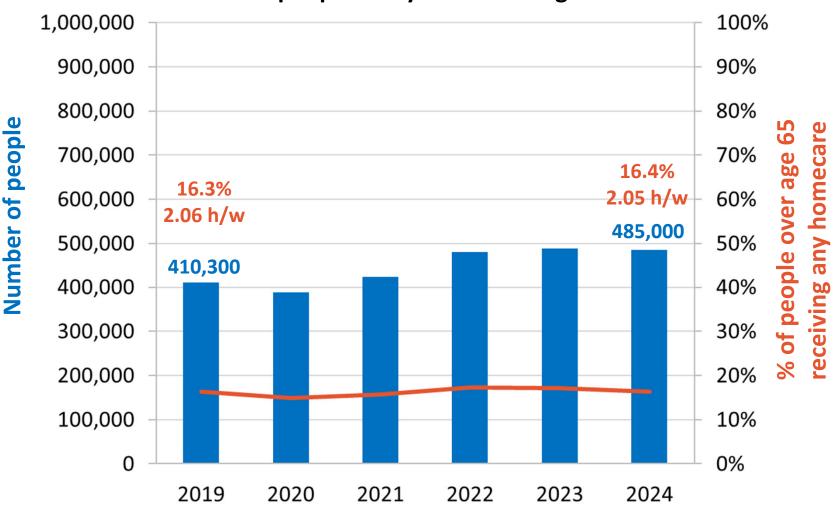
Long-Term-Care Home

- Nursing care
- · 24/7 supervision
- · Hands-on support with IADLs
- Medication management

High rates of unmet need for homecare



Number of people >65 years receiving homecare



Five.

Shortage of Primary Care Physicians.





Health

Number of doctors per capita in Canada reaches record high

Despite growth in doctor supply, many Canadians continue to report difficulties finding a family physician

The Canadian Press · Posted: Sep 26, 2019 9:59 AM EDT | Last Updated: September 26, 2019



Canada has more family doctors than ever. Why is it so hard to see them? KAREN HOWLETT>

KELLY GRANT > HEALTH REPORTER
TU THANH HA >
VICTORIA AND TORONTO
PUBLISHED NOVEMBER 26, 2022
UPDATED DECEMBER 15, 2022



Darren Taylor Jul 24, 2023 2:45 PM

'Kicked to the curb': Group Health drops thousands of patients amid worsening doctor shortage

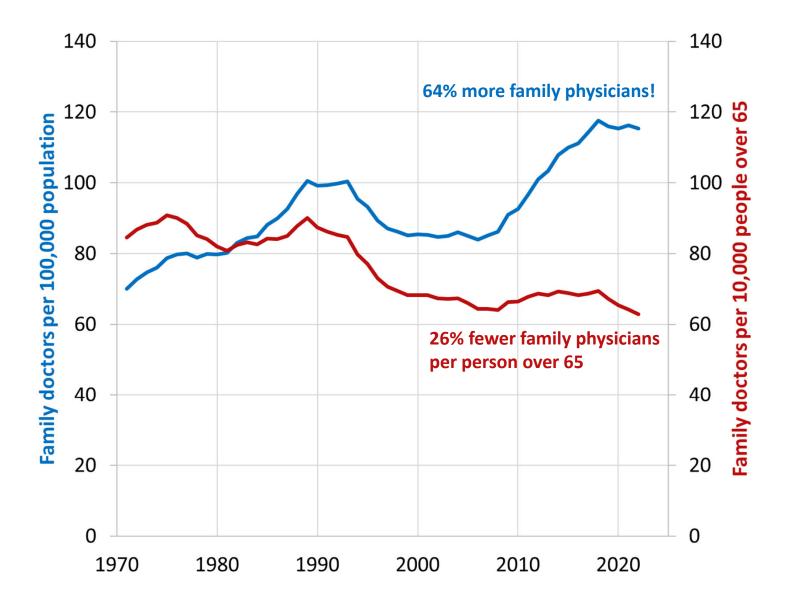
Over the past six years, close to 3,000 patients have been 'de-rostered' by GHC — and that number will 'significantly increase over the next few years'



'A very difficult day': Group Health Centre dropping another 10,000 patients

An additional 6,000 patients are at risk of losing primary care in near future if trends continue; Sault MPP Romano to launch task force to look for solutions to crisis

Darren Taylor Jan 25, 2024 1:01 PM



Six.

Fragmented care system.



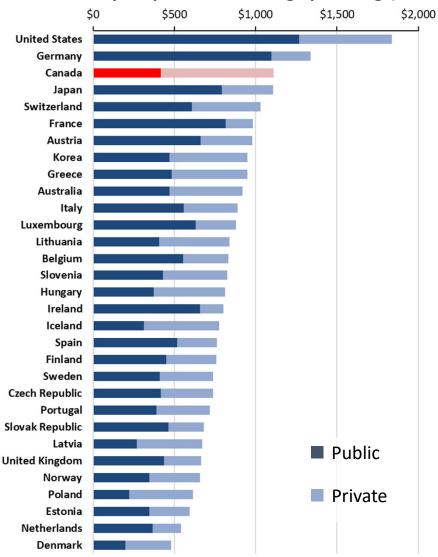


Seven.

Expensive novel technologies.



Per capita prescribed drug spending (2020/21)



Per-capita, Canada has the third highest spending on prescription drugs

Canadian list prices for individual medicines are third highest among OECD countries

Between 2006 and 2021, annual treatment costs for the 20 top-selling patented medicines

Weighted mean cost: ↑ 20x

Median cost: 个 100x

Median in 2021: \$42,600

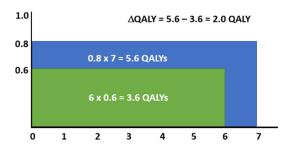
Prescribed drug spending in Canada, 2023

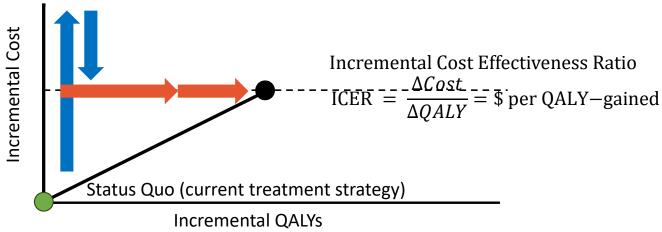
CIHI (November 2, 2023)

PMPRB 2021 Annual Report

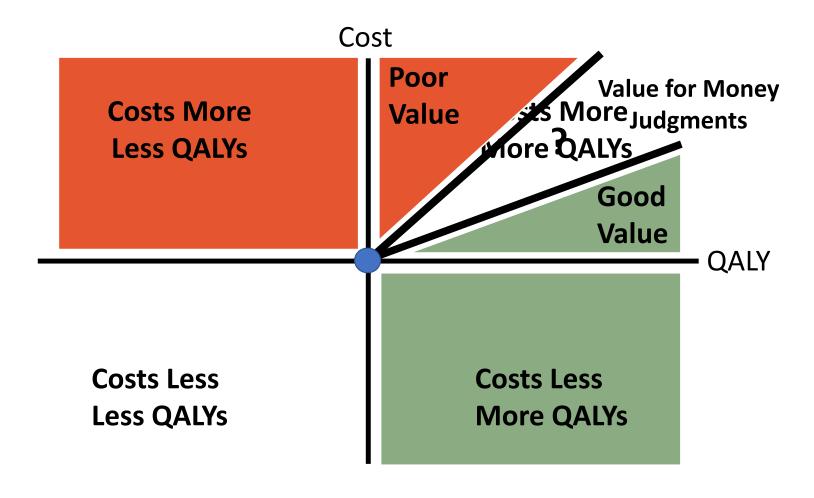
Patented Medicine Prices Review Board (September 15, 2022)

Is a new treatment good value for money?





Cost effectiveness plane



Good value-for-money... But, what money?

- Historically, we have considered \$50,000 per QALY-gained 'good value'
- If a technology increases costs → it must impose an opportunity cost
- If a technology decreases costs... but in the future
 - → It must impose an opportunity cost now

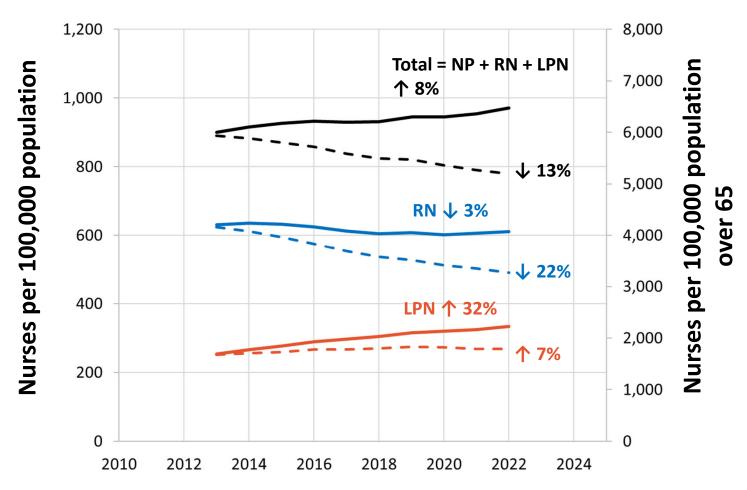
It is often expensive to be poor.

Eight.

Shortages of nurses & PSWs.



Nurses providing direct patient care in Ontario



Challenging and underappreciated work

Bill 124

Capped public sector wage increases at 1% per year since 2019

- Nurses left the profession
- Nurses retired
- Nurses switched employers: to for-profit nursing agencies

Agency nurses make 1.5-2.5x the hourly rate of full-time staff nurses.

Impacts on ED nurses

- FT nurse vacancy rate: 6→26%
- PT nurse vacancy rate: 26 → 51%
- One ED spent \$8M on agency nurses in 2022
 c.f. 2.4M in 2021 and 1M in 2020
- One LTC where 50% of direct patient care was provided by agency staff

TORONTO STAR

'It's going to bankrupt health care': Spending on temp agency nurses up more than 550% since pre-pandemic at one Toronto hospital network

As Ontario hospitals grapple with a staffing crisis, critics warn the rising reliance of temp agencies is not financially sustainable.

By Jennifer Yang Investigative Reporter, Sara Mojtehedzadeh Work and Wealth Investigative Reporter

In its last fiscal year ending March 2022, the University Health Network, Canada's largest research and teaching hospital network, has already spent \$6.7 million on agency nurses - a significant jump compared to 2018, when it spent \$1.035 million.



NEWS

Ontario hospital workers awarded more pay after Bill 124 found unconstitutional

Hospital workers set to get additional 3.75% and 2.5% wage increases over 2 years



Kitchener Hospital Cuts Registered Nurses to Save Money in Wake of Hospital Nurse Wage Boosts

October 20, 2023

Nine.

Burnout throughout the system.



Nine.

Burnout throughout the system.





Ten.

Treating rather than preventing poor health outcomes.



secur Access to health services Early life experiences **Employment & Working conditions** Social safety net Indigenous ancestr **10** insecurity **Indigenous ancestry** Income & Income distribution would have the state of the Sexual orientation Gender **Education** Disability

Eleven.

All the problems are connected.



