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**Official Report  
of Debates  
(Hansard)**

**Monday 1 February 2010**

**Journal  
des débats  
(Hansard)**

**Lundi 1<sup>er</sup> février 2010**

**Standing Committee on  
Government Agencies**

Intended appointments

**Comité permanent des  
organismes gouvernementaux**

Nominations prévues

Chair: Ernie Hardeman  
Clerk: Douglas Arnott

Président : Ernie Hardeman  
Greffier : Douglas Arnott

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Hansard Reporting and Interpretation Services  
Room 500, West Wing, Legislative Building  
111 Wellesley Street West, Queen's Park  
Toronto ON M7A 1A2  
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Service du Journal des débats et d'interprétation  
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111, rue Wellesley ouest, Queen's Park  
Toronto ON M7A 1A2  
Téléphone, 416-325-7400; télécopieur, 416-325-7430  
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## LEGISLATIVE ASSEMBLY OF ONTARIO

## ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON  
GOVERNMENT AGENCIESCOMITÉ PERMANENT DES  
ORGANISMES GOUVERNEMENTAUX

Monday 1 February 2010

Lundi 1<sup>er</sup> février 2010*The committee met at 1005 in committee room 1.*

## SUBCOMMITTEE REPORTS

**The Chair (Mr. Ernie Hardeman):** The hour of 10 o'clock has arrived, so we'll call the meeting to order. First of all, we want to thank all the committee for agreeing to have this meeting today so that we can get some of these reviews completed.

We'll start the meeting dealing with the report from the subcommittee dated Thursday, December 10, 2009. Do we have a motion to accept the subcommittee's report?

**Ms. Lisa MacLeod:** I'll move that the subcommittee report be recognized and adopted.

**The Chair (Mr. Ernie Hardeman):** We have a motion to accept the subcommittee's report. A seconder? Any discussion? If not, all those in favour? Opposed? Carried.

Next is the report on subcommittee business dated Thursday, December 23, 2009. Motion to accept the subcommittee's report?

**Ms. Lisa MacLeod:** I'll move it.

**The Chair (Mr. Ernie Hardeman):** Secunder? Any discussion on the report? If not, all those in favour? Opposed? The motion's carried.

The third item is the subcommittee report on business dated Thursday, January 21, 2010. Motion to accept?

**Ms. Lisa MacLeod:** I'll move it.

**The Chair (Mr. Ernie Hardeman):** Secunder? Discussion on that motion?

**Ms. Lisa MacLeod:** It was a great day; it was a great meeting.

**The Chair (Mr. Ernie Hardeman):** That's the subcommittee report that I'm authorized to recommend at today's meeting. No discussion on this? All those in favour? Opposed? Motion's carried.

That concludes the business of the committee.

## INTENDED APPOINTMENTS

## MR. RAYMOND HESSION

Review of intended appointment, selected by official opposition party: Raymond Hession, intended appointee as member and chair, eHealth Ontario.

**The Chair (Mr. Ernie Hardeman):** We are meeting today to review appointments. The first one to review is

Raymond Hession, intended appointee as a member and chair of eHealth Ontario. Mr. Hession is with us. If you would take a seat at the head of the table.

We first of all thank you for coming in, and we will ask you if you wish to make an opening statement. We would be happy to hear that and provide you that opportunity. With that, we will then go to questioning. We'll start this interview with questioning from the third party. Each party will have 10 minute to ask questions, and at the end we will conclude the interview.

With that, Mr. Hession, we ask you to make your presentation, if you so wish, and then we will proceed.

**Mr. Raymond Hession:** Thank you, Mr. Chair. It's a privilege for me to have this opportunity. I'm naturally especially interested in the questions and what they will evoke in terms of the priorities of the members here, and I hope I get a chance to share with you some of my own beliefs about the circumstances in which we find ourselves.

My remarks will be very brief. I'm sure you're happy to hear that. I just want you to know that my roots in the information management, information technology world as it relates to medicine and to health go back to 1967, when I was appointed by IBM Canada as the industry marketing manager responsible for medical—the industry was called that at the time. In those days, most of the applications of information technology related to the so-called back office functions of hospitals—primarily that—the whole process from admission to discharge and all of the transactional activities that take place during a hospital stay. Many years later, I found myself in a series of governance responsibilities in a number of health institutions in Ontario, most recently as the founding chair of the Ontario Health Quality Council. It is in that context that I'd like to, if you'll permit me, go to each of the four reports rendered by my council, beginning with the 2005 report, focused very specifically on the subject at hand.

First in 2005—and I am paraphrasing and quoting here—the report said, “Early implementation of electronic health records is the single most important step toward a competent health information management environment. Without it, Ontario cannot fully support continuous quality improvement.”

In 2006, again paraphrasing from the report: Good care is also integrated, which means all the information gathered by a range of different health care providers

must be shared, available to all providers efficiently and quickly, stored in a way that respects patient privacy and used to provide the best possible care.

Again, in 2007: “Electronic records help physicians avoid errors due to incomplete information and avoid repetition of tests. They allow up-to-date information to follow the patient across the continuum of care, so each health care provider has access to necessary information. Ultimately, patients themselves should have secure, online access to their own records so they can participate more knowledgeably in their own care.”

Finally, in 2008, eHealth is “seen as crucial to operating a high-performing health system ... in Ontario.”

Mr. Chair, if your committee supports my nomination by the government as chair of the board of directors of eHealth Ontario, we, the board, will move quickly to establish strengthened governance and, in particular, become a disciplined and collaborative integrator, emphasizing the public value—led, importantly, by a seasoned new chief executive officer. Secondly, we will build an image and reputation based on the quality of our solutions and of the services we provide. Finally, and importantly, we will achieve the outcomes stipulated in the eHealth strategy.

**1010**

With that, Mr. Chair, I’d invite you, if you would, to put questions.

**The Chair (Mr. Ernie Hardeman):** Thank you very much for your presentation. We were going to start with the third party, but I see the third party is not yet present, so we will start with the government. Hopefully by the time that we get to the third party, they will be present.

**Ms. Lisa MacLeod:** Chair, may I ask why, since the intended appointee was selected by the official opposition, the official opposition isn’t starting today?

**The Chair (Mr. Ernie Hardeman):** The reason for the circulation: It’s a standard. With the last person we interviewed, we started with the official opposition, this time we start with the third party, and the next time we will start with the government side.

**Ms. Lisa MacLeod:** He’s the first appointee. So we’re going with the rotation from the last meeting?

**The Chair (Mr. Ernie Hardeman):** From the last meeting. And because you interview different numbers each meeting, it wouldn’t be fair to always start with the same party.

**Ms. Lisa MacLeod:** Okay.

**The Chair (Mr. Ernie Hardeman):** So we’ll start with the government side. Yes, Mr. Balkissoon.

**Mr. Bas Balkissoon:** Good morning, Mr. Hession. Thank you for being here.

The government has brought in some new rules on procurement, consultants, expenses etc. How do you see your past experience helping to ensure, in this eHealth Ontario position that you’re applying for, that we do get compliance with those new rules and regulations that we’ve put in place?

**Mr. Raymond Hession:** Thank you very much for your question. Members may know that I, in an earlier

life, was the deputy minister federally responsible for procurement, so, without any bravado here, I have a considerable amount of experience in the subject matter. But more recently, I’ve served as fairness commissioner on two major capital projects involving the government of Ontario: one, the design, building and construction of the Royal Ottawa Hospital, which is a large, new, modern mental hospital; and secondly, more recently, the Ottawa Convention Centre, which is transforming what was an 80,000-square-foot facility—not much for a city of the significance of Ottawa—to a 200,000-square-foot facility. That’s a little advertisement there, Mr. Chairman. In any event, both of those projects, under my monitoring and guidance, have gone—it would be represented by all parties—very smoothly.

I tell you that because I have a lot of sensitivity to the issue of procurement and how, in the public sector, it ought to be managed. It starts with effective policy. I’m aware of the government’s recent changes in policy with respect to competition, in particular in the acquisition of consulting services. I favour that very much. The record would show that when deputy minister of procurement for the federal government—in those days, coming into the job, the procurement distribution between single-sourced contracting and competitive contracting was about 50-50. It was not a pretty picture. We moved aggressively and quickly to shift that ratio as far as we could take it in favour of competition.

I would just add parenthetically that it was also a move away from the highly prescriptive tendering processes—which you don’t see much of in Ontario; some, but not much—to the request for proposal, which obviously opens an opportunity for the vendors not simply to meet the requirements as stated by the government, but also to offer innovations that the government may find attractive. The simple idea there is that you don’t want to assume, as government buyers, that you know it all. Generally, we don’t, because the world moves very quickly, particularly in the technology world. You need to encourage innovative responses to your problem statement.

So in principle and in fact, I strongly support competitive procurement. And in the rare circumstance where arguments are presented to single-source something, particularly in a services context, if it isn’t an emergency having material impact on the project or program, then it generally isn’t worthy.

**The Chair (Mr. Ernie Hardeman):** Thank you. Further questions?

**Mr. Bas Balkissoon:** Yes. The Auditor General of Ontario’s report pointed out issues with board governance and oversight at eHealth and made several recommendations to improve the board’s ability to meet their responsibilities. I understand that the current eHealth staff and the board have been working to implement some of those recommendations. Can you describe a little bit about your approach, how you would ensure that the auditor’s recommendations are in place and what kind of priority you would put to it?

**Mr. Raymond Hession:** I've read the auditor's report. It's in the public domain, needless to say. I find his findings, conclusions and recommendations compelling. I take them at face value, naturally, because I don't have intimate inside information regarding that agency.

I would say that the number of moving parts that constitute eHealth are daunting, that the strategy is very ambitious, both with respect to content and the expected outcomes by certain points in time. "Doable but daunting" is how I describe it.

In these circumstances, where we've seen so much turmoil in the governance and leadership of the agency—change, no doubt intuitively, anticipating some morale impacts on the staff in the agency—I hold a fundamental belief that the governing body and the executive need to be more tightly coupled than, as far as I can judge, has been the case in the past. By that I mean that boards at times operate, to a degree, at arm's length. It's an advice and consent relationship between management and the board. In this instance, given all the moving parts, given a new CEO, a new chairman, a number of new board members, I believe that an executive committee of the board is a necessity, an absolute necessity, such that that tight coupling can occur and that there is an information flow between the two parties that enables proper accountability on the one hand but also maintains a pace of activity that goes with a lot of moving parts.

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That concludes the time for the government side. Ms. MacLeod, from the official opposition?

**Ms. Lisa MacLeod:** Welcome, Mr. Hession. It's nice to have you before us today. I was fortunate to make your acquaintance previously, when you were with the Ottawa Hospital and the organizations there.

It seems to me you have probably one of the biggest jobs in Ontario today. You have to do two things: You have to make sure that we have electronic health records in Ontario, but you also have to be the person who restores public trust and confidence, and stability, at eHealth Ontario. We've now had three chairs in the last six months. The public does not believe a billion dollars was spent effectively at eHealth and we don't have much to show for it.

I guess the question I have, to start off with, is how are you going to do that? How are you going to restore the public's confidence? How are you going to bring stability to the organization? How are you going to ensure that electronic health records are going to be made available to Ontarians, and what's your timeline for that?

**Mr. Raymond Hession:** First, the preamble to your question: I am in complete agreement with the circumstances with which we're confronted. Image and reputation, or branding, is a dominant factor, both with respect to the public perspectives on eHealth and the agency and, frankly, I imagine—again, this is intuition speaking—internal to the agency itself: confidence in its own efforts and in the recognition of its work.

1020

It is in that latter context that I feel image and reputation will certainly not be remedied—that is to say,

the difficulties currently experienced—by hand-waving. Hand-waving is not what's needed in the present circumstances. What's needed in the present circumstances we have in large part found in the strategy. There is indeed a direction which, although I didn't cite that in my earlier preamble, my own remarks—that's relatively new, the strategy, but it's a critical component of a successful outcome.

The strategy needs to be translated, in the context of the work to be done, into an architecture. I know that may sound a little high in terms of use of language, but the fact of the matter is, unless you know quite specifically what it is you're going to build, you run reasonably high risks of failure. So we need that architecture.

The architecture starts with what in the trade is known as a solutions architecture. Solutions in this business—we're talking here about health—oddly don't necessarily imply a whole lot of technology; some, but it implies significant human factors to be considered in persuading physicians, nurses, nurse managers, allied health workers and so on to alter the way in which health services are delivered in light of the existence of the EHR and other technologies. So that suggests to me that it will be a results-driven strategy to recapture the trust and confidence of the people of Ontario, the people within the agency, and those in the health sector. My hope and expectation is that with the architecture, clearly defined, flowing from that strategy, we will begin to see real product, good quality, results, and that's what will begin to reinvigorate the image and reputation of the organization.

I know I'm taking a lot of time and I'm sorry—

**Ms. Lisa MacLeod:** I do actually have a follow-up question. I agree with you that we do have to know where we're going before we start driving, and unfortunately it does not look like that had occurred throughout the history of eHealth.

I'm going to move on, because the Auditor General estimated that two thirds of eHealth contracts were untendered, which says to me that there's considerable rot there. You're going to have to root that out and basically resuscitate eHealth.

The question I have, because it appeared that Mr. McGuinty and his cabinet had a quite considerable influence on the previous chair and the CEO—I have two questions. Have you met with the Premier or anyone from the Premier's office, or the Minister of Health or her office, about this and gotten a briefing on eHealth and where things stand today? And then I have a very important question to ask you: If you do notice that eHealth is slipping away and we're spending millions on untendered contracts or services that we're not getting good value for, are you going to be able to stand up to the Minister of Health, are you going to be able to stand up to the Premier of Ontario, so that taxpayers are not going to be on the hook for another billion-dollar boondoggle?

**Mr. Raymond Hession:** Let me answer the second question first. I've just spent just under four years chairing the Ontario Health Quality Council and I've

been reporting faithfully each year. Those reports, again, based on third party commentary, have been very well received throughout the health sector. I took it upon myself during that time to brief the critics of all parties, as well as the minister, of course, each year, expecting, as was the case, that each of those leaders had a compelling interest in the content. From my point of view, I did not want to be, nor was I seen to be, anybody's toady. I spoke for the council, and the council spoke on behalf of Ontarians with respect to the performance of the health system. A large part of that speaking had to do with the very subject we're here to talk about today.

So on the question of whether I had met with anybody in the Premier's office, the answer is no, with the exception of one person who operates the appointments process for the government. That, I thought, was a pretty—in fact, there was no question it was very much a process type of thing. I signed an application and so on, and I'm here today.

With respect to the minister, I have met the minister once, briefly, and it was a courtesy call. We shook hands, we spoke for a very brief period, and she then exited the meeting to go into the Legislative Assembly. I've had one briefing with the interim chair of eHealth, who gave me largely pro forma information on the then-current content of the board. And I've met with the minister's chief of staff—again, in follow-up to the process discussion I'd had with the deputy chief of staff, appointments—simply to affirm the timing of this meeting, for example, and logistical things of that nature, but nothing substantive. In fact, there's been a meticulous, careful process to avoid giving me any information beyond what's in the public domain, and that's indeed the case.

**Ms. Lisa MacLeod:** Do I have any more time?

**The Chair (Mr. Ernie Hardeman):** Yes, you have another three minutes.

**Ms. Lisa MacLeod:** The question, I guess, again goes back to the sole-sourcing of a number of significant contracts and the challenges that eHealth is now going to face. There are great expectations: again, bringing back the public confidence, but also getting results.

One of the things that I've talked about in my travels with my leader, Tim Hudak, in the past couple of weeks, meeting with hospital administrators—they're telling me that the new rules Mr. McGuinty has brought in are actually slowing some capital projects. I wonder if you have an opinion on that. Is this going to help or hinder? At the time, it seemed like a knee-jerk reaction, rather than listening to people when the issues at eHealth started to crop up and trying to stop them then. We now notice that he has clamped down very quickly, and what we're hearing is that it's bottlenecking a lot of these capital projects.

**Mr. Raymond Hession:** I have no doubt that it's changing the nature of the contracting process. I have no doubt that one dimension of what the eHealth agency is now doing is laudable, and that is the creation of a procurement plan and strategy that paces out over a lengthy period of time those increments of procurement

that will be undertaken. Why I think that's a great idea, going back to my own experience at the federal level, is because without a procurement plan, arguably it would be a bit of a chaotic managerial process, given the number of moving parts in all of this, to find each of those procurements taking place in an unplanned fashion and not really knowing how it all fits together.

In 2002, under an emergency condition, I found myself running a project which had run aground with the former government, with the Harris government, involving the welfare system in Ontario. I was brought in on an emergency basis to put it right. This is the infamous Andersen Consulting contract, and it was well into its second year by the time I came on the scene. One of the first things I did in running that was to put a procurement plan and strategy together so that my staff knew exactly the sequence and exactly the scope of what was coming. In each case, the contracts were the result of competition.

Again, once people know in advance what's coming, then they can prepare. So the idea of bottlenecking—it may appear that way at the outset, but it goes away as you execute that plan.

**The Chair (Mr. Ernie Hardeman):** Thank you very much. That concludes the time. Since the third party has not yet arrived, that concludes our interview. We thank you very much for your participation and we wish you well in your future endeavours. We will be dealing with the concurrence on this following all the interviews today. Thank you again for coming forward.

**Mr. Raymond Hession:** Thank you, Mr. Chair. Thank you to the members.

#### MS. SUSAN WHELAN

Review of intended appointment, selected by official opposition party: Susan Whelan, intended appointee as member and vice-chair, Agriculture, Food and Rural Affairs Appeal Tribunal/Board of Negotiation.

**The Chair (Mr. Ernie Hardeman):** Our second interview is with Susan Whelan, intended appointee as member and vice-chair of the Agriculture, Food and Rural Affairs Appeal Tribunal/Board of Negotiation. Ms. Whelan, if you wish to come forward. Thank you very much for coming forward today and participating in the process. We will open the floor for you to make a brief presentation, if you wish to do so. Following the presentation, we will then have 10 minutes for each party on the committee to ask questions to your presentation and to your application. Hopefully, at the end of that, we will all be better informed and we will be able to make a decision on your appointment. Thank you very much for coming forward, and we'll open the floor to you.

1030

**Ms. Susan Whelan:** Thank you very much. Good morning, members of the committee. I'd like to thank the committee for having me here this morning to discuss my proposed appointment to the Agriculture, Food and Rural Affairs Appeal Tribunal/Board of Negotiation.

I know that you may have had the opportunity to review my background and qualifications, but I thought I'd highlight just a few and why I've applied for this particular appointment.

For over 20 years, I've worked in the private and public sectors, both as a lawyer and a parliamentarian, and more recently as CEO for the Canadian Cancer Society for Ontario.

Throughout my career I have maintained my status with the Ontario bar and updated my legal skills and knowledge as a lawyer.

As a parliamentarian, I served in a number of different capacities that provided experience that would be beneficial to this appointment. I served as a member of the public accounts committee, vice-chair of the finance committee and I chaired the committee on industry, science and technology for over five years.

In addition, my political background and knowledge of agriculture and its related industries is well known. I've been surrounded by agricultural issues my entire life. My father was a federal member of Parliament when I was born, so I guess you could say I was born a Liberal. And you can certainly guess what the discussion was around our breakfast and dinner table as I grew up on a cash crop farm, as the daughter of the federal Minister of Agriculture.

As a federal member of Parliament, I represented a rural and urban riding, and I was a very active member of the rural caucus and the Prime Minister's task force on agriculture. My door was always open for the farming community and its related organizations, which I think are the backbone of rural Ontario. I'm a strong believer that healthy rural communities are important for growth in Ontario.

During my time as Minister for International Cooperation, I led an effort to ensure that agriculture and rural development was re-energized on an international scale. Today I continue to remain active in this regard as a member of the Yara board for the African green revolution.

As I said a few moments ago, I was born into a Liberal family and continue to believe in those values today: a balanced social, economic and just society. And yes, I do have many friends who are Liberals, but I also have many friends who are not. I believe that my ability to be non-partisan is evidenced by both my term as chair of the Standing Committee on Industry, Science and Technology and also by the fact that when I left politics in 2004, I was recruited by the late Leon Paroian, a very well known Conservative in Windsor, to join his law firm specializing in administrative, environmental and public policy law. When I joined the Canadian Cancer Society, I stepped down from any active involvement in politics and fully recognize and understand the rules for future political activity if I'm accepted for this position.

Shortly after I stepped down from my role with the Canadian Cancer Society, I spoke directly with the chair of the tribunal and applied for this particular position because it would allow me to utilize my legal background

and experience as a committee chair, and it would further my interest and my passion for both fair and due process in the law and for agriculture and rural development.

The values and operating principles of the tribunal of finding facts from evidence, respect and consideration, fairness, accessibility, continuous professional development and adherence to the principles of adjudicative process and endeavouring to reach consensus in a decision-making process are all values and principles that I fully support and believe in.

I'd like to thank the committee for inviting me here today, and I'd be pleased to answer any questions that you may have.

**The Chair (Mr. Ernie Hardeman):** Thank you very much. We will start, then, with the questioning. Since we did start with the government side, we will go to the official opposition to start this one.

**Ms. Lisa MacLeod:** Welcome, Ms. Whelan, to committee. It's great to be here. I'm sure you're happy to be here as well.

You obviously have a lot of knowledge of the agricultural industry. I'm just wondering if there's anything specific from your past that you think you could bring to the table here, whether it's with milk marketing or—we're going to be dealing with drainages and the Drainage Act, which hits my local riding. I'm just wondering if you have any experience with some of the legislation you'll be adjudicating on.

**Ms. Susan Whelan:** I don't know all of the legislation in and out yet. There are over 20 statutes that the tribunal is responsible for. But I am familiar with some of the different issues, having represented clients in the past in rural constituencies, from the perspective of a member of Parliament and from a legal perspective. Most recently, I was involved in a drainage issue in my local community, but it hasn't gone to the tribunal yet.

**Ms. Lisa MacLeod:** What do you hope to accomplish in this tribunal? Do you have a vision for agriculture?

**Ms. Susan Whelan:** Actually, I'm quite impressed by what I've been able to read so far about the tribunal, that they've actually been able to improve the satisfaction rate of the people who have been appearing before it and the information that's coming forward, and I'd like to see that continue. Obviously, it's quite high right now. At the same time, the fairness and the due process is something that I think is important in making sure that people don't necessarily have to appear with counsel and feel that they're having a full and adequate hearing.

**Ms. Lisa MacLeod:** What do you think the biggest issue is facing Ontario agriculture today?

**Ms. Susan Whelan:** That's probably not for me to answer. I think there are many issues probably facing it, but I think that rural communities across the province of Ontario have a number of different issues.

**Ms. Lisa MacLeod:** Yes. What would be the main agricultural issues in your Windsor-Essex area? I know my community, for example, has a lot of beef, a lot of cattle farming, a lot of grain and oilseed.

**Ms. Susan Whelan:** Perhaps one of the best-kept secrets about Essex county is that it actually is probably the most diverse agricultural area in all of Ontario. You would find every type of agriculture, from the supply management, to the beef, to the greenhouse sector, to the cash-crop farming. It's probably one of the most diverse.

**Ms. Lisa MacLeod:** You have some vineyards there too.

**Ms. Susan Whelan:** Yes. We'd like to think it's almost as large if not larger than the Niagara region, but we'll debate that.

**Ms. Lisa MacLeod:** Yes. My leader Tim Hudak and I spent some time there in the summer meeting with some vintners there. I didn't realize there was such a strong group there.

I'm not going to keep you too much longer. You're not with the Ontario division of the Canadian Cancer Society anymore?

**Ms. Susan Whelan:** No.

**Ms. Lisa MacLeod:** Just on a personal level, I hope your health is fine. And good luck.

**Ms. Susan Whelan:** Thank you.

**The Chair (Mr. Ernie Hardeman):** Thank you very much. To the government side?

**Ms. Helena Jaczek:** I'd simply like to thank you very much, Ms. Whelan, for appearing today. We believe you're eminently well qualified for this appointment.

**Ms. Susan Whelan:** Thank you.

**The Chair (Mr. Ernie Hardeman):** Thank you very much. Obviously, your presentation must have been very self-explanatory, and the questions were not near as—

**Ms. Lisa MacLeod:** I'm not sure. Is she a Liberal? Was she born a Liberal?

**Ms. Susan Whelan:** You know, it's a bit different to be on the opposite side, having chaired a committee for so long.

**The Chair (Mr. Ernie Hardeman):** Except from the presentations, I have absolutely no idea what political affiliation it was, but I did know her father quite well. We very much appreciated what he did for agriculture in Canada and in Ontario.

Thank you very much for coming forward, and we thank you very much for your time and your presentation. We also wish you well in your future endeavours. Thank you very much for coming in.

**Ms. Susan Whelan:** Thank you very much.

#### MR. JASON WADDEN

Review of intended appointment, selected by official opposition party: Jason Wadden, intended appointee as member, Mississauga Halton Local Health Integration Network.

**The Chair (Mr. Ernie Hardeman):** Our third interview this morning is Jason Wadden. Thank you very much for coming in. Mr. Wadden is an intended appointee as a member of the Mississauga Halton Local Health Integration Network. Thank you very much for coming in this morning. We will allow you an oppor-

tunity to make a brief presentation to the committee. Upon the completion of your presentation, we will start with the government side for questions. There will be 10 minutes for each party to ask questions, and hopefully we will all come out of the process more knowledgeable about your appointment. So thank you very much, and make your presentation.

**Mr. Jason Wadden:** Thank you, Mr. Chair, honourable members. It is an honour to be here to speak to you today. I'm honoured in two respects. It's always great to participate in an open, democratic process, but, more importantly for today, I'm both flattered and honoured to be considered for this position for the Mississauga Halton Local Health Integration Network.

I think everyone will agree around the table that health care is one of the most important things that a provincial government or any government can deliver to its constituents. So the chance of being given part of the stewardship of this public trust and a chance to participate in a real, meaningful way to make sure that we continue to have a universal, accessible, high quality and sustainable health care system is a great honour.

I do want to take a couple of minutes just to very briefly touch on a couple of points. The first is why I am applying to this LHIN; the second is what I believe I can contribute to this board; and third, I would like to clarify one or two pieces of information that may have been given to the committee with respect to my appointment and my background.

First, turning to, "Why the LHIN?" I think you will have seen from the materials that you were given on my background that I have no background in health care. I came to learn about the LHIN after I finished as a director at the Big Brothers Big Sisters of Halton board. At that point in time, I was looking for my next step in how I would contribute back to the community. That's when I first learned about the LHINs. Once I learned about them, I was really impressed that there was a way that citizens in the community can actually participate in a real, meaningful way in setting the direction and the scope, and make decisions in our health care system.

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I started doing some background information, trying to get in touch with people in the health care sector, as well as talking to public policy advocates in the health care sector, and I became really interested in the issues that are facing health care today.

There are two main issues that I think are going to make the next couple of years really important. We've all seen the reports that have said our health care system may not be sustainable in 10, 15 or 20 years. This is a huge problem for us. So I think the time is now that we need to address it and, on a personal level, being able to contribute in that respect is really meaningful.

The second big issue we have is the great recession, and whether or not you say it's over—that's still to be debated—the effects of the great recession are going to continue to be felt. The government is going to have a tougher time generating revenues and we have to find

savings somehow, somewhere. I think participating in the next little while is a great challenge but also a great honour.

The other thing that really struck me when I was doing some research into the health care system is the fact that even Tommy Douglas back in the 1950s, when he was trying to bring in universal health care, realized that health care is going to progress in two stages, and the first was acute care. We've done that really well. We have hospitals that can be accessed by anyone, but what we need to do now is a better job of managing chronic care problems. I think this is going to require us to reconsider what health care means and to educate the public and get them thinking in different ways.

On a personal note, when I look at my kids—if I am given this opportunity, I want to be able to look at them and say that I did the best that I could to make sure that there is a sustainable, universal health care system going forward.

The next point is, what can I contribute to this board? As I said, I have no background in health care other than the research I did when I first learned about the LHIN, but I think that is a benefit. What I do not think would be a good thing for any LHIN is to have a group of people who come from the health care sector, who bring with them that perspective and all that background, because you always run the risk of not being able to look at things in a fresh light and not necessarily tapping into what the community's views are. I think my lack of experience in health care is a benefit to this board. Mind you, you do want to have some people with experience in the health care sector, but I think that my lack of that experience is a positive.

The other thing I bring to the table is a background in board governance. As a corporate commercial litigator at Goodmans, I often deal with issues of board governance and directors' liability, so I'm very well aware of those issues and what boards need to do.

The other thing I bring is some background on the board level. When I was in university, I was on the student union, so there were a lot of governance issues that we had to deal with there. In Big Brothers Big Sisters, as well, we dealt with a lot of governance issues, when you're dealing with public trust and charitable donations.

The last thing I bring is the community perspective. Part of the reason why, at least as I understand it, the LHINs were implemented was to be able to tap into the community's views. As a father of a young family, I'm part of a demographic that tends not to be represented on LHIN boards; they are very time consuming. But this is something that I have talked to my wife and my work about, and we're all excited about the potential opportunity to participate.

The last point I'd like to raise is just a clarification on my background. I believe that some of the materials that were provided by the LHIN board on my background said that I was a policy adviser or a staffer to MPP Kevin Flynn. That is inaccurate. I have never been a paid em-

ployee of Kevin Flynn—any MPP. I've never been retained or hired by any political party. In the past, I was a director of the Oakville Provincial Liberal Association, which is the riding association. In October, the former president stepped down and I was elected as the president. That was on October 5, 2009. Upon learning that cabinet had approved my appointment to the LHIN, subject to the committee's view and the whole process, I resigned. So effective Friday, I have stepped down, both as the president and a director of the Oakville Provincial Liberal Association.

Those are my opening comments, and I look forward to your questions.

**The Chair (Mr. Ernie Hardeman):** Thank you very much. We will now go to the government side.

**Ms. Helena Jaczek:** Thank you, Mr. Wadden. We have no questions from the government side.

**The Chair (Mr. Ernie Hardeman):** Thank you very much. The official opposition?

**Ms. Lisa MacLeod:** Welcome, Mr. Wadden. It's great to have you here today.

Just a couple of quick questions from me. I didn't receive the document that said you worked for MPP Kevin Flynn, but thanks for clearing that up and letting us know that you were a member of his riding association. That actually just spawns a question I wasn't going to ask, because I didn't know, but did he approach you for this position, or did somebody from the Liberal government?

**Mr. Jason Wadden:** No, he didn't. As I mentioned, my time at Big Brothers Big Sisters came up. We had sunset clauses on the number of years that a director could sit on the board, and my time was coming up. We had some succession issues, so I stepped down. I knew Kevin at that point in time, and I approached him and asked him what other agencies or organizations in the community were looking for someone with my particular skill set. He directed me to the Public Appointments Secretariat website, but he did suggest, you know, "The LHIN might be something you might be interested in. Go take a look and come back." I went, I looked, I saw some appointments were coming up, and then I applied. I was then contacted by the LHIN and went through a couple of different interviews with the directors.

**Ms. Lisa MacLeod:** One of the big issues—and you'll probably hear this when you're dealing with health care professionals—about the LHIN is that it sort of seems like it's another bureaucracy and it's debatable whether they work or not. I guess that's not really my point right now in this line of questioning, but my question is, how do you ensure that hospitals in your region—and I know they need a new hospital in your area—are going to get the operating funds that they need? I mean, it seems like the biggest issue whenever I speak to health care professionals, particularly administrators in hospitals, is that they never know what their funding is going to be because the LHIN hasn't decided it. It puts them in a very difficult situation.

**Mr. Jason Wadden:** Right. I think one of the challenges right now is that we're still in a transition period. I mean, the LHINs are still relatively new. Hospitals don't know what to expect. LHINs are sort of figuring out where they stand and the processes that they want to adopt.

I think the most important thing that has to happen—and I think it is happening, at least in the Mississauga-Halton area—is good communication lines with the hospitals so that they understand the process of how and when funding is going to be adopted. I understand that the ministry is also working on some models to try to determine the best way in which to fund hospitals. So I think once that process gets done, there will be a better understanding throughout the system of how funding is to take place.

**Ms. Lisa MacLeod:** Now, you seem to have an extremely open mind to the health care system and its evolution. I guess I'm wondering if you see any private delivery of health care being an option in Ontario. It seems you understand that there's only so much money, and just listening to you, it sparked my interest.

**Mr. Jason Wadden:** I think what we have to look at is what our fundamental values are when it comes to health care. Health care has been extremely important to Canadians. When we look at the most important, fundamental issues, they are universality and accessibility. People need to be able to go to a hospital and not worry that they have to mortgage their house because their kid is sick or their parent needs some additional care. I think that's the underlying base where we come from, and I think that's critically important for us to maintain and protect. It's a tough thing, and I think we have to be open to that.

The reality is that in our system there are already some levels of private care. You know, we've got the Shouldice clinic and we have some organizations like Medcan that private firms will send employees to. So there is an element of private care, and that seems to be working fine right now. As we move forward, I think we have to keep an open mind, and that's my take, that we have to keep an open mind to it. We have to protect universal health care and accessible health care. I do know that CCACs, community care access centres, also send some services out to tender, such as dietitians and nutritionists, so that's a private sector element in health care, and that seems to be working. So I think we cannot close our minds to any options. But we do need to protect universal—

**Ms. Lisa MacLeod:** Well, that's refreshing to hear. It is really refreshing to hear.

I just have a final question, because we're going down that road where we have to keep our options open. As you know, Ontario has just implemented the HST, and come July 1 another 8% will be put on some goods and services. In particular, home care and long-term care will see an 8% increase. According to the Ontario Home Care Association, the HST is going to place an additional financial burden on thousands of Ontarians who purchase their health care services, which could be anywhere from

\$260 to \$350 per individual. The Ontario Long Term Care Association says that the HST will saddle long-term-care homes with an additional \$12.2 million in additional operating costs, with service reductions as their only cost-management alternative.

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In speaking with the hospital administrators in my community and actually having asked the finance officials what overall impact the HST would have on the health care system—they didn't have an answer—there's a real problem, because we're an aging population. You're in a high-growth area, so you're going to have a lot of seniors migrating to that community for easier living in condos and the like; it's also a beautiful community, Oakville. How do you think that's going to impact the health care system in your LHIN?

**Mr. Jason Wadden:** I think the issue of how the HST is going to affect any sector, not just the health care sector, still remains to be seen. To be quite frank, I don't know enough about the impact and the financial issues. I have read a number of different varying reports on the HST. I think one thing that has been realized is that the first year is going to be the toughest year because, again, it's a transition year. As far as the long-term effects, when we're talking about retirement homes, where it's a private delivery, there is competition there—

**Ms. Lisa MacLeod:** It's also long-term care, though.

**Mr. Jason Wadden:** And long-term care. To be quite frank, I don't know enough to answer that question because, to the extent that it's something that is covered by government insurance, it shouldn't be an issue, I wouldn't think. To the extent that it's something that people do have to pay for out of their own pockets and to the extent that there is competition, then the competitive market model should work and the prices should be lower because the costs to those organizations should reduce. So we should see a reduction in the price, or at least prices should stay roughly the same.

**Ms. Lisa MacLeod:** All right. I actually disagree with you on that one, but I am going to support your candidacy. I think you were very frank here today; I appreciate that. Take care.

**Mr. Jason Wadden:** Thank you.

**The Chair (Mr. Ernie Hardeman):** Again, the third party was unable to be here, so that concludes the interview. We thank you very much for taking the time to come and present your credentials, and we wish you well in your future endeavours.

**Mr. Jason Wadden:** Thank you for your time.

**The Chair (Mr. Ernie Hardeman):** That concludes the interviews this morning. We now move to the concurrences.

We'll consider the intended appointment of Raymond Hession, intended appointee as a member and chair of eHealth Ontario. Do we have someone to move the concurrence?

**Ms. Helena Jaczek:** I would like to so move.

**The Chair (Mr. Ernie Hardeman):** Any further discussion on the appointment? If not, all those in favour? Opposed? The motion is carried.

Our next consideration is Susan Whelan, intended appointee as a member and vice-chair of the Agriculture, Food and Rural Affairs Appeal Tribunal/Board of Negotiation. Do we have a motion to move the concurrence?

**Ms. Helena Jaczek:** I would like to move that.

**The Chair (Mr. Ernie Hardeman):** Discussion? No discussion. All those in favour? Opposed? The motion is carried.

The third one is consideration of the intended appointment of Jason Wadden, intended appointee as a member of the Mississauga Halton Local Health Integration Network. Someone to move the concurrence?

**Ms. Helena Jaczek:** I so move.

**The Chair (Mr. Ernie Hardeman):** Any discussion? If no discussion, all those in favour? Opposed? The motion is carried.

That concludes the concurrences on the appointees. Is there any other business for the committee? If not, the committee will stand adjourned at the call of the Chair. Thank you very much again for coming forward this morning and getting some of these appointees through. The committee stands adjourned.

*The committee adjourned at 1055.*

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