Wait Times will be Reduced for Surgeries and Procedures, So Why are Medical Professionals Upset?

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This document was prepared on January 20, 2023 by Natalie Garrison. Natalie works for North Yorkers for Disabled Persons as an Outreach Communication Facilitator, Information Referral and Resources Support. She can be reached at natalie.nydp@gmail.com.

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On Monday, January 16, Ontario Premier Doug Ford's office announced that it will be using privately-run surgical and diagnostic centres to address Ontario's backlog of surgeries and procedures (source). The backlog is approximately 206,000 cases (source, 0:39). The government expects the surgical wait lists to return to pre-pandemic levels by March 2023 (source, source, 9:27).

The provincial government invites these centres to apply for government funding to do publicly-funded surgeries and procedures, which will continue to be covered by the Ontario Health Insurance Plan (OHIP) (source). This is a permanent change (source, 0:37).

The Ontario government has a three-step plan for how to use these surgical and diagnostic centres to reduce wait times (source). The first part of this article will explain the plan, and the second part of the article will analyze it by sharing two concerns that have come up in multiple interviews with medical professionals.

Step One

Cataract surgeries are the top priority; this type of surgery has one of the longest wait lists (source). It's estimated that the COVID-19 pandemic made the backlog of cataract surgeries increase by about 25% or 14,000 surgeries (source). New partnerships with community surgical and diagnostic centres in Windsor, Kitchener-Waterloo and Ottawa will add 14,000 additional cataract surgeries, not only this year, but every year going forward (source).

The government's media release states that these centres will use "existing health human resources" to complete these extra 14,000 surgeries (source). In other words, these private centres won't affect staff in the public sector and won't contribute to staff shortages (source).

Ontario is investing **more than $18 million** in existing private, for-profit centres, which will cover more than 49,000 hours of work to do MRI and CT scans, 4,800 cataract surgeries, 900 other surgeries related to eyes and vision, 1,000 minimally invasive surgeries related to women's health, and 2,845 plastic surgeries, e.g., hand soft tissue repair (source).

Step Two

Private, for-profit surgical and diagnostic centres will be allowed to address regional needs for cataracts, MRI and CT imaging, and colonoscopy and endoscopy procedures (source).

Starting as early as 2023, these procedures will be non-urgent, low-risk, and minimally invasive (source). In addition to shortening wait times, this will allow hospitals to focus their efforts and resources on more complex and high-risk surgeries (source).

Step Three

Early detection and diagnosis of a health issue has an immense benefit on a patient's quality of life, how long they will have symptoms, and how their symptoms will be treated (source).

This is why the provincial government is introducing new legislation in February (source). If it is passed, it will allow existing private, for-profit diagnostic centres to do more publicly-funded MRI and CT scans (source).

Starting in 2024, this next step will also expand surgeries for hip and knee replacements (source). This will allow for patients to receive care closer to home and more quickly than they would have to wait at hospitals (source).

The Ontario government is also proposing legislative changes which will, if passed, strengthen oversight of community surgical settings (source). According to the media release, this way, "patients can continue to expect to receive the world class care they know and deserve and provide the province with more flexibility to continue to expand access to more surgeries and further reduce wait times" (source).

As the province expands the role of private, for-profit surgical and diagnostic centres, Ontario Health and the Ministry of Health will continue to work with system partners and clinical experts to put in place the highest standards for quality and safety (source).

Premier Ford announced: "Our government is taking bold action to reduce wait times for surgeries, all while ensuring Ontarians use their OHIP card to get the care they need, never their credit card" (source).

Reaction from Medical Community

Five healthcare unions have publicly spoken out against this plan in a joint statement, including the Ontario Council of Hospital Unions-CUPE, SEIU Healthcare, OPSEU/SEFPO, Unifor, and the Ontario Nurses' Association (ONA) (source, source, 1:42).

The joint statement argued, "With rising living costs and inflation, Ontarians need investment in publicly-delivered healthcare, not a model that will use public funds to generate private profits while decreasing access for all" (source).

Health Policy Researcher Andrew Longhurst pointed out that it's concerning that the provincial government is referring to "for-profit surgical and medical imaging centres" as "community clinics" when they are "corporate, investor-owned businesses" (source).

However, the response isn't all critical. The Ontario Hospital Association and the Ontario Medical Association have supported this plan (source, source, source, 2:22). The OMA has said that outpatient surgeries in other jurisdictions show surgeries occur quicker and have lower rates of infection (source).

Two Concerns

Concern #1: Worsening the Shortage of Healthcare Workers in the Public Sector

Bill 124 is the legislation that limits how much nurses and other workers can earn in the public sector (source). Since the private sector offers better pay and earnings are not limited by Bill 124, there are concerns that healthcare staff in the public sector will quit to work for private clinics.

For instance, Dr. Steve Flindall, an Emergency Room physician in York Region said, "There are not a lot of doctors and nurses sitting idle throughout the day or unemployed currently that are going to be able to fill these positions. They're already employed. All the surgeons in Ontario are actively working in hospitals funded by the public system. That's the only place they're going to get them" (source, 4:54)

The ONA believes that the backlog of surgeries and procedures could be quickly addressed and the healthcare system would be greatly helped if Premier Ford stopped appealing Bill 124, which would bring more nurses back to the public sector (source, 1:31).

Before the courts struck down Bill 124 as unconstitutional, Ontario's Financial Accountability Office found that the government may have to pay around $8.4 billion in salaries, but the province would save about $9.7 billion if the appeal succeeded (source). This money would go towards salaries and wages from 2019 through to 2025 to 2027 for both unionized and non-unionized employees, including non-healthcare workers (source).

There is consensus that long wait times are the result of not enough healthcare workers, not a lack of physical capacity in hospitals (source, 0:49). People have argued that the provincial government should fund human resources by increasing pay for frontline healthcare workers rather than funding privately-run healthcare clinics (source, 0:49).

In a recent interview, New Democratic Party Health Critic France Gélinas shared: "I live in Northern Ontario. The hospital is called Health Sciences North at Sudbury. They have surgical suites that sit idle all the time because they don't have the resources. We have a longer wait list in Northern Ontario than Southern Ontario and yet we have infrastructure that sits idle. Fund our hospitals so that they can take on more clients" (source, 15:28).

Ontario Health Minister Sylvia Jones said that, as clinics apply to perform more surgeries, they will have to present to the government their plan for getting the staff to make those surgeries happen, such as whether they are going to have their existing staff work longer hours and/or different shifts, if they are going to have to hire new staff, etc. (source, 2:40).

She didn't say that the government would turn down applications for clinics that would have to hire from outside of their current staff (source, 3:14). At the same time, Minister Jones acknowledges that it is important to maintain the number of healthcare staff in hospitals because more serious surgeries are going to continue in hospitals (source, 3:05).

Dr. Michael Warner, an ICU physician, shares the healthcare unions' concern that there is no plan to protect public hospital staffing (source, 0:59). Healthcare unions warn that reduced hospital staff could lead to longer hospital wait times (source, 1:23).

Robinson asks, "There already isn't enough staff to get the procedures done in public hospitals, so where are these staff going to come from? It's going to pull from our already-stretched public system, therefore making things even worse (source, 1:48).

Minister Jones notes that more healthcare staff are on the way: "We have already seen a historic number of nurses being able to be licensed in the province of Ontario through the College of Nurses in 2022" (source, 0:57). This includes over 6,000 internationally-educated nurses (source, 2:24).

She also noted the recent announcement where the provincial government will pay for the tuition and books of people who want to become health care professionals (source, 1:12). In the long term, the province is funding two new medical schools in the Greater Toronto Area (source, 1:36).

Minister Jones also referred to last year when the provincial government invested $300 million to Ontario hospitals that believed they could deal with the backlog by expanding their hours of operation (source, 6:25).

2. Upselling.

To upsell is to try and persuade a customer to buy more of something or to buy something more expensive (source). A non-healthcare example is when you go to buy a smartphone and the salesperson does not show you the more affordable option unless you ask about a specific model. Instead, the salesperson tries to persuade you to get the most expensive, newest model along with a home Internet package and five-year extended warranty.

Upselling is a common practice in the private sector, and many medical professionals voiced that this is unacceptable in the public sector, especially when it comes to something as important as surgeries and procedures.

Medical professionals are concerned that this new 3-step plan does not have any measures to prevent for-profit clinic staff from not highlighting the options that are covered by OHIP and trying to convince patients to pay for services that aren't covered by OHIP and (source, 1:33). The result is that patients end up paying out of pocket and the private clinics make a profit (source, 1:33).

Minister Jones insists that "safeguards already exist" but did not specify (source, 9:04). In another interview, she said that if people feel like they were treated unfairly, they can complain to the Ministry of Health, and their claim will be investigated (source, 1:59).

However, this is after the medical procedure or surgery has already happened, and the onus is on the patient to know what they are entitled to and what is covered by OHIP in the first place (source, 2:08). Also, it can be hard for patients to disregard the opinion of a doctor when they are told that there is a better option (source, 2:14).

When asked about her opinion on upselling, Minister Jones said: "I wouldn't call it upselling of service, I would call it patient options… These are options that are available to the patient with the conversation with their surgeon with their family practitioner. They are optional. They are not absolute" (source, 6:51). When asked about if she thinks that upselling would lead to a two-tier healthcare system where patients who cannot afford the more expensive option get lower-quality care, she disagreed (source, 6:51).

Interim ONA President Bernie Robinson warns that private health clinics are associated with higher risks, including a higher rate of patient complications and death (source, 1:36). In 2002, the Canadian Medical Association Journal published a study looking at 26,000 hospitals and 38 million patients (source). It compared the mortality rates of private for-profit hospitals and private not-for-profit hospitals and found that "private for-profit hospitals were associated with an increased risk of death" (source). It's worth noting that this study's relevance is limited by the fact that it was published in 2002.

Final Thoughts

On the one hand, this 3-step plan is likely to reduce wait times, which are desperately needed for the hundreds of thousands of Canadians whose care has been delayed due to the COVID-19 pandemic and ongoing shortage of frontline healthcare workers.

On the other hand, it seems inappropriate for the government to use taxpayer's dollars for public services to direct patients towards private, for-profit surgical and diagnostic centres who can profit from this healthcare crisis.

If you want to share your thoughts with Premier Ford about this change, click here to contact his office.

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Health Connect Ontario: 811

Telehealth Ontario: 1-866-797-0000

Toronto Public Health: 416-338-7600

Peel Public Health: 905-799-7700

Durham Region Health Department: 905-668-7711

York Region Public Health: 1-877-464-9675