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1. _____

Montreal Gazette (February 17, 2005)

Roy Romanow asks Charest to crack down on Quebec's private clinics

From Canadian Press

MONTREAL (CP) _ Roy Romanow, who headed a royal commission on the future of health care in Canada, said the Quebec government must crack down on the growth of private-for-profit clinics in the province.

Romanow said he's ``disturbed" by the dramatic growth of private-for-profit clinics in Montreal. He said that Liberal Premier Jean Charest should enforce the Canada Health Act in the face of glaring violations.

``Mr. Charest, you can do something," Romanow said. ``(You) can say to all the private clinics: No. 1: Don't charge a facility fee, namely a fee for using the facilities."

Romanow argued the trend can only hurt the public system in the long run.

“The development in Montreal and in Quebec of more private-for-profit delivery and payment is a disturbing one,” said Romanow, a former NDP premier of Saskatchewan. “If it continues, the principles and effectiveness of the Canada Health Act could be significantly weakened.”

Romanow also drew attention to how the federal government cracks down on violations of the health act in British Columbia, while leaving Quebec alone.

“This is an issue of what kind of a country are we building which allows this kind of development to take place in some parts but apparently not in others. That's a story for another day. I think it's a very big story.”

Quebec, by law, allows private medical-imaging clinics, while they are banned in Ontario. Quebec considers an MRI medically necessary and, therefore, insured under medicare in hospital but not insured outside of a hospital.

2. _____

Canadian Press (February 14, 2005)

Trying to hold the line against move to weaken Canada Health Act: Dosanjh
By Dennis Bueckert

OTTAWA (CP) - Health Minister Ujjal Dosanjh says there is "a move afoot" to weaken what he calls the charter of medicare - the Canada Health Act.

In unusually candid comments Monday, Dosanjh said he is trying to "hold the line" on erosion, but admitted he's being subjected to pressures that are "diametrically imposed." The Canada Health Act sets out five principles guaranteeing that all Canadians have access to medically necessary service at no charge regardless of where they live.

"There is a move afoot across this country in certain circles to actually narrow the CHA," Dosanjh told a conference of the Canadian Nurses Association.

"There is a move underfoot in certain circles to ensure that the Canada Health Act becomes weaker, less potent, less enforced."

When a delegate asked Dosanjh whether he favours expanding the act to cover drugs and home care, he suggested that's not in the cards.

"I'm just trying to hold the line that it's not weakened."

He said that a B.C. newspaper, which he did not name, recently called on that province's government to ignore the federal legislation.

Dosanjh declined to comment on reports the act is being violated by private clinics in Quebec that charge substantial fees for quick access to day surgery.

He said his department is checking and will, if necessary, initiate a dispute-avoidance mechanism. He did not mention the possibility of imposing penalties.

"Our department is carrying on a dialogue with all of the provinces where there are suspected violations of the Canada Health Act," he said.

Asked about reports that Ontario plans to eliminate hundreds of nursing jobs only months after a \$41-billion federal-provincial health deal that was supposed to revitalize medicare, he said that is a matter for the provincial health minister.

Without openly criticizing provincial governments, he pleaded for public help to ensure they provide better accounting for their use of federal money.

"I want you to help us and help Canadians to understand the principles of accountability," he told the nurses.

"And I want your assistance in ensuring provinces and territories actually comply with those provisions," he said.

"I think the court of public opinion is more important than any piece of legislation, than any level of government. Ultimately it's the court of public opinion that will be the judge of all of us," he said.

Dosanjh announced \$5.53 million in federal funding for a variety of nursing programs including:

-\$850,000 over two years to the Canadian Nurses Association to improve human resources planning.

-\$300,000 to the Victorian Order of Nurses to strengthen the organization.

-\$200,000 over two years to the Canadian Association of Nursing Schools for study on how to improve placement of nurses.

-\$100,000 to the Canadian Federation of Nurses Unions to identify better workplace practices.

-\$100,000 to the Nursing Health Services Research Institute of the University Toronto to participate in an international study of nursing turnover.

3. _____

Montreal Gazette (February 12, 2005)

Montreal leads the country in offering private health care

Parallel medical services a way to avoid long, sometimes dangerous, wait

BY AARON DERFEL

Montreal has become the private health-care capital of Canada, offering a wide range of diagnostic, surgical and therapeutic services to those patients willing to pay out of pocket to bypass the public system, a Gazette investigation has found.

A parallel health network for the well-heeled and well-connected has emerged in the city in the past five years amid swelling waiting lists in hospitals for MRI scans, orthopedic procedures, almost every type of day surgery, and a shortage of family doctors. Montreal, in effect, is now the mecca of private health in Canada, attracting patients from as far away as Vancouver Island.

"The province that's going to lead the change in the Canadian health system is Quebec, because it's the only province that has the autonomy to do it," said Brian Day, a Vancouver orthopedic surgeon and proponent of private health care.

"The federal government and (Prime Minister) Paul Martin will never hit on Quebec in the way that he will hit on Alberta and British Columbia."

A study by The Gazette, along with interviews with doctors and health ministry officials across Canada, show Montreal is clearly more advanced in private medicine than any other city. Among the examples uncovered:

Ninety doctors - most of them practising in Montreal - have opted out of medicare, far more than in all the other provinces combined. Many are plastic surgeons who conduct uninsured cosmetic operations, but a growing number are orthopedic surgeons, emergency specialists, ophthalmologists and general practitioners who bill patients for procedures that are medically necessary and normally covered under medicare.

Montreal has a dozen private medical-imaging clinics, far more than any other city in the country. Such is the city's reputation that Ontario patients regularly travel to Montreal to pay \$800 for a magnetic resonance imaging scan. Ontario, by law, does not permit such clinics.

Quietly, without fanfare, the Westmount Square Surgical Centre opened in August, charging \$2,000 to repair shoulder and knee injuries. The centre boasts state-of-the-art operating rooms and mahogany-paneled cabinets where patients can store their clothes before surgery.

Despite no advertising campaign, the centre is doing a brisk business, performing 15 to 20 paid procedures a week. The centre's orthopedic surgeons have not opted out of medicare, and therefore straddle both the public and private systems.

Next door, MD Specialists charge patients up to \$600 for a colonoscopy and the surgical removal of pre-cancerous polyps.

Montreal is home to probably the country's only truly private orthopedic hospital, where patients pay up to \$12,000 for a hip or knee replacement - surgery requiring overnight stays and a 10-day convalescence.

The Duval Orthopedic Clinic is a hospital on two sites - in north-end Montreal, where Dr. Nicolas Duval performs the operations at a private plastic-surgery centre, and in Laval, where patients recover in a former nursing home.

Duval has opted out of medicare and his hospital receives no government funding. In contrast, the Cambie Surgery Centre in Vancouver, where Day works, carries out partial knee replacements but the surgeons there still bill medicare.

Montreal is also home to Canada's first private emergency clinic. Since opening in October, the MD Plus Medical Clinic has tended to nearly 500 paying customers. About 30 per cent of the cases are emergencies - from patients complaining of chest pain to a woman with flesh-eating disease.

Experts said they had no idea private health care is as entrenched as it is in Montreal.

"This shines a huge spotlight in a different way on the Quebec medical system," said Dr. Albert Schumacher, president of the Canadian Medical Association.

He blamed Ottawa for the "access problems" that are leading to people paying for private care. "The federal government won't police it," he said, alluding to the Canada Health Act.

Lee Soderstrom, a health economist at McGill University, expressed concern about the trend. "There is a dynamic here that if people have trouble getting access to care now, they're going to be much more receptive to private funding," he said. "This is a slippery slope. There will be more pressure to allow for the private sector and less pressure to make the public sector respond to people's needs."

The three doctors who founded MD Plus worked in some of Montreal's busiest ERs and have since opted out of medicare. The clinic and the widespread publicity it received prompted Federal Health Minister Ujjal Dosanjh to examine whether it violated the Canada Health Act.

To date, Dosanjh has not taken any action against MD Plus, noting its doctors are "totally outside of the (public) system."

Although that may be true, patients who go to MD Plus are effectively jumping the queue, only to return to the public system later for cardiac surgery or other services. The health act - whose primary objective is to "facilitate reasonable access to health services without financial or other barriers" - specifically warns against queue-jumping.

Doctors who provide private health care have been quick to exploit loopholes in federal and provincial legislation. For example, before opening his private orthopedic hospital, Duval knew he had to opt out of medicare and that he could perform his surgery only in a centre that already had a permit, the Centre metropolitain de chirurgie plastique. He then bought a nursing home that had a convalescent-care permit. Still, Duval admits to operating in a legal grey zone - one that Ottawa and Quebec have been slow to curtail.

"Since nobody has clarified the situation, these private facilities are now increasing in number," said Normand Laberge, CEO of the Canadian Association of Radiologists. "Everybody is playing with words, pushing the envelope because the funding of the public system is put at the minimum."

Despite the federal ban on user charges, some private clinics across Canada - and in Montreal in particular - continue to bill patients high "facility" fees. The doctors in these clinics are still in the public system and bill both their provincial medicare board and the patient.

In the coming days, The Gazette series will shed light on various kinds of private facilities in Montreal, each of which claims to have eased the burden on the public system.

That's a key argument made by supporters of private care, along with the contention they can do so more efficiently than the bureaucracy-clogged public system. There is no evidence, however, private facilities do, in fact, shorten waiting lists, and they might cause the opposite. Private MRI clinics have existed in the Montreal area since 1992, and, despite proliferating, have not reduced waiting lists in hospitals. That might be because the radiologists in these facilities also practise in the public system. They have more of an incentive to do the scans privately.

"It's more lucrative for the doctors, so why even fight to improve public health care if you can make eight to 10 times more in private?" asked Dr. Paul Saba, of the Montreal-based Coalition of Physicians for Social Justice.

"It then becomes an issue of: do you believe in equality and equity in health care?"

4. _____

Montreal Gazette (February 15, 2005)

PM's doctor decries parts of public health care

Key areas 'disastrously terrible': The truth is, we don't have this wonderful system, says head of private clinics

By AARON DERFEL

Prime Minister Paul Martin's personal physician is the Montreal founder of a national network of clinics that is in the vanguard of private health care.

Dr. Sheldon Elman, president and majority shareholder of the Medisys Health Group, said Canada's public health-care system has deteriorated to the point where it is "disastrously terrible" in key areas.

"We all grew up under this umbrella of, well, you're entitled to unlimited free access to health care no matter what, no matter when and no matter how much," Elman said in an interview.

"Initially, we had an absolutely wonderful system ... But the truth is that we don't have this wonderful system. The system is great for certain things and absolutely, disastrously terrible for others."

Elman cited as terrible the fact some provinces - Quebec is not one of them - prevent people from paying for an MRI scan to diagnose a medical problem.

"You can buy an MRI for your dog and you cannot buy it for your daughter. Literally, if your dog has a problem, you can go and get this done by a vet today."

Medisys has offices in Montreal, Toronto, Calgary and Vancouver. The Montreal facility has an MRI machine that costs patients about \$560 for a scan, most of which can be reimbursed through private insurance.

Critics say Medisys is an example of two-tier health care because its clinics let more affluent patients jump the queue to get tested while others who don't have the money must wait.

"This is something we are discussing with the provinces - the issue of private payment for diagnostic services," said Catherine Saunders, a Health Canada official.

The Montreal clinic also charges patients for a virtual colonoscopy, a noninvasive scan that avoids the need for the sometimes painful standard colonoscopy.

When news of Martin's visits to Medisys broke last May, the PM denied ever paying for tests.

But Dr. Paul Saba, of the Coalition of Physicians for Social Justice, said the fact Martin goes to a private clinic shows he's out of touch with the realities of the public system.

"The politicians who go to these private clinics have a different perception," Saba said. "Their personal experience is different from the general public's. Therefore, they feel less of an urgency to want to improve the system."

(In January 2003, aides to Quebec Premier Jean Charest played down a report he received medical checkups at a private Montreal clinic for a number of years. Membership in the Clinique Medi Club du Sanctuaire was \$900 a year.)

The Medisys group has signed up 10,000 executives across the country for a health plan that includes an assessment by a doctor, nutritionist and fitness expert.

(For the purposes of full disclosure, senior officers of Canwest, the company that owns The Gazette, subscribe to the Medisys executive plan.)

The doctor assessing the executive checks blood pressure and does other things that are usually part of an annual physical exam - normally covered under medicare. Medisys charges for it.

Elman was quick to point out because the assessment is done on a "preventive basis," it's not covered under medicare.

"People are not coming to us for the proverbial checkup," he explained. "They're coming for a preventive health-care evaluation."

Saunders, of Health Canada, agreed with Elman: "With respect to the so called 'Executive Check-Up' performed at certain clinics such as Medisys or Medi Club, these services are not considered insured health services under provincial health-care insurance plans as they are essentially performed for preventive purposes."

In addition to treating Martin, Elman has supported the PM politically, making \$1,000 donations to his election campaigns in 1997 and 2000. In addition, Liberal senator Leo Kolber serves as an administrator of Medisys, Quebec corporate records show.

5. _____

Montreal Gazette (February 14, 2005)
Private clinics charge 'set-up' fees
Executives insist they're legal; medicare officials say extra
payments are forbidden 'user charges'
BY AARON DERFEL

Two private medical clinics in Westmount are charging patients substantial fees for quick access to day surgery and other procedures while its doctors are billing the Quebec medicare board at the same time, a Gazette investigation has uncovered.

The board questions whether this is levying "user charges" on patients - a practice that is illegal under both the Canada Health Act and the law governing medicare in Quebec.

The Westmount Square Surgical Centre opened in August, charging patients "set-up" fees of at least \$2,000 to repair knee and shoulder injuries. Next door, MD Specialists, founded in the summer of 2002, bills patients \$300 to \$600 in fees linked to a variety of gastrointestinal procedures.

Specialists in private practice are permitted to bill patients only for "medications and anesthesia agents," the provincial law says. However, patients at the Westmount surgical centre must also pay for nursing, an orderly, "disposable instrumentation and supplies," as well as "administrative charges." Patients at MD Specialists are billed for "supplemental nursing care" and "counselling."

The doctors divide their time between the McGill University Health Centre and the clinics.

They have not opted out of medicare, and bill the Regie de l'assurance-maladie du Quebec for each medical act performed on patients in the clinics.

An RAMQ official expressed concern about The Gazette's findings.

"Legally, a doctor participating in the (RAMQ) regime cannot charge for what you have described to me," said Nathalie Pitre, an RAMQ official. "If a doctor is in the public system, he does not have the right to bill patients fees for things like an operating room, nursing care and instruments."

She added that the clinics' fees raise "many question marks" and that "it's important that patients contact RAMQ and furnish us with bills so that we can intervene."

Dr. Barry Stein, a partner in MD Specialists, acknowledged that patients "pay for the nurse, they pay for the medication, they pay for the technician." However, he insisted that this is legal.

"Our fee structure was carefully researched and structured following the recommendations of our lawyers," he said, claiming that he has RAMQ documents supporting his view.

Despite repeated requests, he refused to allow a reporter to look at any documents. The Gazette, however, obtained a copy of a bill to a patient that clearly shows a \$120 fee for "supplemental nursing care" and \$80 for "counselling."

Pitre, of RAMQ, was puzzled by the latter item on the bill.

"Who does the counselling?" she asked. "If it's a medical exam performed by a doctor, it's a service covered under RAMQ. Therefore, the patient doesn't pay."

John Pappas, president of the Westmount surgical centre, explained in an initial interview the justification for his fees: "It's a set-up service for the procedure to take place."

Asked in a subsequent interview about the legality of this, he gave a different answer: "The set-up fee has nothing to do with the procedure.

"The patients have a personal choice if they want to go on the private side ... to fast-track themselves back to work," he added, maintaining the fees are legal.

A copy of a patient's bill, obtained by The Gazette, gives the following breakdown: \$1,000 for nursing care; \$300 for "sterilization and preparation of operating-room instrumentation set-up;" \$200 for disposable instruments and supplies; \$200 for medication; \$100 for a dressing and splint and \$200 in administrative charges. That means the patient was hit with \$1,800 in charges that are normally defrayed by the province.

The two clinics have been doing a thriving business. The surgical centre, boasting fully equipped operating rooms, performs up to 20 procedures a week. MD Specialists have treated more than 2,000 patients.

Although the two centres are separate businesses, two partners in MD Specialists, Dr. Jean Tchervenkov and Dr. Peter Metrakos, are administrators in the the surgical centre, Quebec corporate records show. Lucie Marineau acts as the office manager for both clinics, which share the same reception area.

Jess Vivier, the CEO of a small pharmaceutical company in Vaudreuil, said he paid \$2,000 to have a torn meniscus repaired on his left knee at the Westmount centre last September.

He praised his surgeon, Larry Coughlin, and said the fee was worth every penny.

"When it comes down to health and paying for it, I don't have an issue with that. I paid \$1,500 to the vet to have my dog's knee done. I figure that \$2,000 was very well-priced for my procedure."

Vivier, 50, chose the Westmount centre because he could fix a precise date for the surgery, and that's not always the case in hospital. A postponement in hospital could have interfered with his frequent business trips.

Coughlin, former surgeon to the Expos, suggested that the private centre is helping to ease the burden on hospital waiting lists. Coughlin is allotted six operating-room days a month at the MUHC. He will only perform surgery privately once he has used up those days.

"Certainly, every patient who gets treated at the centre is not treated at the hospital, so yeah, there's a shortening that way" of the waiting list, said Coughlin's colleague, Dr. Eric Lenczner. Like Coughlin, Lenczner works primarily at the MUHC and, secondarily, at the private centre

Lenczner's argument, however, doesn't stand up to close scrutiny, says a Montreal orthopedic surgeon who worked for years in hospitals but has since opted out of medicare.

Dr. Nicolas Duval said it's true that surgeons have limited hospital OR time for elective, or non-urgent, procedures. But they regularly have to respond to emergency cases like hip fractures.

"If the surgeon has to go to a private clinic, he might not be there to do the hip fracture," Duval said. "What does that mean? The patient with the hip fracture doesn't get operated on right away and has to stay in hospital overnight waiting."

Duval said he considers it unconscionable for doctors to offer patients the choice of waiting months for elective surgery in hospital, or getting it done quickly if they pay out of pocket. For that reason, he said, he opted out of medicare and his practice doesn't receive any public funds.

Coughlin and Lenczner said they don't get paid by the clinic - just by RAMQ. It's a different story for the partners of MD Specialists. They get paid by RAMQ, and as co-owners of the clinic, share in the fees from patients.