

We Can't "Bear" to Lose Medicare

Canada's public health care system is under threat by private profit-seeking clinics that want to be able to bill OHIP for tests and surgeries and bill patients hundreds or even thousands of dollars as well. This fact sheet gives a brief summary of what's happening and what we can do about it.

Patients Versus Private Clinics in the Courts: At Stake, the Future of Our Public Health Care System

Mariel Schoof was charged more than \$6,000 for sinus surgery at a private clinic. She wrote to her provincial government in British Columbia to try to get reimbursed for her surgery which should have been covered by B.C.'s OHIP plan. The government did not take action against the private clinic. So Mariel and four other patients went to court.

Finally forced by the patients to take action, the B.C. government tried to audit the province's largest private clinic. The clinic refused to let the auditors in, despite the fact that they bill the public health system for millions of dollars each year. Eventually the B.C. court ordered the clinic to let the auditors in. When the government audited the clinic and its sister facility, they found hundreds of instances in which the clinic illegally billed patients.

In July 2012 the B.C. government released its audit report. The audit shows almost half the procedures performed at these for-profit clinics involved some type of direct billing of patients, prohibited by the Canada Health Act which forbids user charges and extra-billing of patients. Patients were illegally billed at rates far higher than those that the provincial government pays public hospitals for the same services — in some cases up to 500 per cent more.

Looking at just a sample over the period of about one month, the audit found patients were billed nearly half-a-million dollars, including at least \$66,000 that appeared to involve double billing (where both the patient and BC's Medical Services Plan—the equivalent to OHIP — were billed for the same procedure). In one typical example, a patient was billed \$7,215 for services for which the provincial OHIP fee is only \$1,288.

The B.C. government gave the clinics 30-days to stop their illegal billing. The owners refused. They are fighting the injunction with a court case to bring down single-tier Medicare in Canada.

The for-profit clinics' court challenge is being heard in the B.C. Supreme Court right now. If clinic owners have their way, the laws protecting patients against being charged fees when we go to a doctor will be struck down. If this court case is appealed to the Supreme Court of Canada, as is likely, it could threaten the future of equal health care for all in Canada.

As B.C. Health Coalition spokesperson Rachel Tutte explains, *"The government must protect patients from two-tier care that allows special treatment for the wealthy and leaves the rest of us with longer waits, crowded hospitals and declining care."*



Our public health system is founded on a moral code that says that all Canadians should be able to access health care, not based on how rich we are, but based on our medical need. We pool our taxes, and they are an investment in providing care for our families, our neighbours and ourselves when we are sick, elderly and least able to pay.

Private health care means we are charged hundreds or even tens of thousands of dollars when we need care. It means care is sold for profit, and wealth – not compassion – determines who gets care.

Why Not Privatize?

Because It Costs More, Just When We Can Least Afford It

They were told that private clinics would be faster and cheaper, but patients across Canada and England are finding just the opposite.

Private clinics maximize their profits from charging the government health plan (OHIP) and many charge patients extra user fees as well. In Canada, user fees for medically necessary care are unlawful under the Canada Health Act. Often, private clinics are charging fees to patients in violation of the law.

And the costs are high. Private clinics charge the taxpayer-funded public health system in England 47% more than public hospitals for hip replacement surgeries. Most care is still provided in public hospitals in Ontario. But where there are private clinics, rates billed to patients can range from double the OHIP-covered cost for cataract surgeries to four times the OHIP covered cost for an MRI.

Sources: Interviews with private clinics in B.C., Alberta, Quebec and Ontario; the Tyee; British Medical Journal

Here is a sampling of real-world costs billed to patients at private clinics :

\$700—\$1,200 for cataract surgery

\$500 - \$2,200+ for an MRI

\$13,000—\$22,000 for hip surgery

\$350 for a consultation with a specialist

\$1,200 for a colonoscopy

All across Ontario there are shortages of nurses, anesthesiologists, and health professionals. Private clinics worsen wait times by taking scarce staff away from local public hospitals.

In 2002, the Ontario government contracted private corporations to open several MRI/CT clinics rather than increasing MRI machines in local hospitals. The clinics recruited MRI technologists by taking them away from local hospitals in Toronto, Kingston and Windsor. Several hospitals reported that they were forced to reduce their hours of operation for MRI machines as a result of losing staff to the private clinics.

Because Private Clinics Take Staff Out of Our Local Public Hospitals **Worsening Wait Times**

What Can We Do?

- ✓ Join your local health coalition to help improve services in our public hospitals and stop private clinics.
- ✓ Donate to the B.C. Health Coalition to help fund them to do public education and pay court costs for the B.C. court challenge. Go to: www.bchealthcoalition.ca
- ✓ Share this flyer with friends and neighbours.



London Chapter
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Ontario
Health Coalition
Protecting public healthcare for all.