

# Skewed health care

## Editorial

Take an average night in any Ontario hospital emergency room: A car accident victim arrives with suspected bleeding on the brain. With luck, the hospital will have an MRI machine, a great tool to help diagnose the head injury quickly.

The MRI — for magnetic resonance imaging — is also invaluable in other cases: Some types of tumours, for instance, and strokes, where speed in diagnosing and treating is essential. A new American study also found an MRI can diagnose heart attacks.

Putting this equipment, and companion machines, the CAT scans, in hospitals, makes good sense. Most of the time, they're used to treat walk-in patients — testing for everything from certain types of cancers to multiple sclerosis to torn ligaments. But every now and again, they're called on by ER physicians.

Unfortunately, Ontario does not have enough MRIs for its major hospitals. Worse, there is a severe shortage of people to run them. We need 150 more radiologists and hundreds of technicians, says the Ontario Association of Radiologists.

So why on earth is Premier Ernie Eves' government pushing ahead with the opening of new MRI clinics outside of hospitals?

A scarce resource — personnel — is being shuffled from one area to another. That doesn't address the underlying problem of a lack of staff or serve the public interest. Are ER doctors to wheel patients down the road to the nearest clinic?

Eves' government has no business opening private clinics if it cannot properly equip hospitals. His cavalier response to news the clinics are poaching staff from hospitals is especially galling. The radiologists' association estimates 10 technicians have left seven hospitals recently, with more defections expected.

Eves' government promised this would never happen, that MRI clinics would be barred from taking staff from hospitals. But he has changed his tune, saying poaching isn't really a problem, that staff come and go from hospitals all the time, that hospitals aren't being harmed.

That remains to be seen.

The government also promises there will be no queue-jumping at the new private MRI clinics, with patients with money going ahead of others. Still, given the practice has been impossible to police in other provinces, we wonder.

**MORE ....**

**Toronto Star**

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# New MRI clinic in row over poaching

***Tories had vowed hospital staffers were off-limits***

***Seven private centres to open by summer's end***

By THERESA BOYLE AND ROBERT BENZIE, QUEEN'S PARK BUREAU

KITCHENER—The first of the province's controversial private MRI clinics has been open for only three weeks and already it has come under fire for draining resources from the public health system.

The first technologist hired within Ontario by KMH Cardiology and Diagnostic Centres has been lured away from a Windsor hospital with the offer of a hefty financial bonus, despite the fact the province said poaching hospital staff is not permitted.

Premier Ernie Eves expressed displeasure over the matter when asked about it last week: "We certainly wanted to make sure that the public hospital system was taken care of in terms of having the appropriate professional staff there and that it didn't hurt them in the process. That was the whole parameter, the whole basis on which we proceeded."

The Conservative government's experiment with private MRI and CT clinics is being watched closely to see if it lives up to Health Minister Tony Clement's assurances that it will be "better, cheaper, faster and safer" than the existing public system.

Former Saskatchewan premier Roy Romanow, who last November presented his long-awaited report on the future of health care in Canada, said he has yet to see such evidence supporting private health-care delivery.

Clement has promised to provide the evidence and opposition politicians say they're still waiting to see it, arguing there are still too many unknowns.

The private MRI clinic in Kitchener opened July 4 and is celebrating with an open house tomorrow.

Another private clinic is scheduled to open in Kingston on Friday.

August will see the opening of: a CT clinic serving Huntsville and Bracebridge; MRI clinics serving York Region and Oakville and Mississauga; and a combined MRI-CT clinic in Durham. A CT clinic is scheduled to open in Thunder Bay in September.

Magnetic resonance imaging (MRI) machines take clear images of internal organs and are used to diagnose cancers, multiple sclerosis and other heart, brain and nervous system

diseases. Computed tomography (CT) scans use radiation and also scan for diseases and stroke.

Back in January, Clement's office said the private clinics would not be permitted to poach staff from hospitals. At the time, the Ontario Hospital Association (OHA) had expressed concern that the clinics would "cannibalize" hospital staff. The province is already short hundreds of technologists and patients often have to endure lengthy waits for scans.

KMH president Neena Kanwar doesn't think she's done anything wrong in hiring a technologist away from a Windsor hospital.

"This isn't poaching. We advertised and he applied for the job," she explained in an interview last Wednesday. "Poaching is when you call up a technologist working in a hospital and say, 'So do you want a job with us?' I would think. I mean, I don't really know. I don't know the term poaching. People are allowed to choose where they wish to work."

Clement's office had earlier said the clinics would have to look toward other sources, other than Ontario hospitals, to recruit staff.

When asked Thursday about the apparent violation of the no-poaching rule, Clement's office refused to discuss the issue.

"Actually, no, there's no response," said Clement's press secretary Paul Cantin. "I'm not going to get into it with you," he continued before hanging up the phone on a reporter. But that night, when asked about the issue by a Star reporter, Eves said he would demand an explanation from his health minister.

"I'd be happy to take that back to the minister of health and find out what's going on," he said at a pre-election campaign event in St. Thomas.

On Friday, Clement's office again said it had no response to the poaching question. But Kanwar phoned the Star that afternoon at the suggestion of hired media consultant, Wallace Pidgeon, who formerly worked for ex-premier Mike Harris. She said she suddenly realized she'd "misunderstood" a reporter's questions, and attempted to downplay the issue of the financial bonus.

While discussing the issue of poaching the Windsor technologist during the earlier interview, Kanwar acknowledged KMH was offering "signing bonuses for both Canada as well as internationally" to the tune of \$10,000, as promised in newspaper ads that ran nationally and internationally.

But on Friday, she said that wasn't really the case: "The only thing he (Windsor technologist) received from KMH is a salary ... Nobody is getting a payment to join KMH."

When pressed about the apparent inconsistencies, she said the technologist did not get an up-front bonus. Asked if he would be getting a bonus of any type, she responded: "I'm not sure I can release that information because that's between myself and the technologist."

What I wanted you to know is that there has been no cheque written to him for \$10,000, okay?"

She eventually admitted the technologist is entitled to performance bonuses, which he can earn over a period of time, worth anywhere up to \$15,000.

"He could get 10, he could get 5, he could get 15. It depends on the length of his service with KMH and his performance," she conceded before saying she had to get off the phone.

"They are the same bonus," she said of the one advertised and the one the technologist will be getting.

Both opposition leaders said the poaching problem was predictable.

"We are suffering from a shortage of MRI technologists in Ontario. If you're going to set up a private MRI, it's going to come at the expense of the public system," said Liberal Leader Dalton McGuinty.

"It would be more cost-effective in the longer term, it would be more fair and equitable to expand the funding for the MRIs and CT (scanners) that already exist in our public hospitals, rather than having to rob resources from the public hospital system ... in order to set up a duplicate private system," remarked NDP Leader Howard Hampton.

The Ontario government points out that there are already more than 1,000 private health facilities in the province, providing everything from x-rays to ultrasounds.

The private MRI and CT scanners will increase access to the much-needed diagnostic tools and cut down on waiting times, Conservatives argue. Before the introduction of the private clinics, scanners were only available in hospitals. By summer's end, when the seven private scanners are up and running, there will be a total of 54 MRI machines and 105 CT machines operating in the province.

Best of all, the private MRI clinics will save taxpayers money because their operating expenses are, on average, 36 per cent lower than hospitals, the government contends. While it costs a hospital \$800,000 a year to operate a MRI machine for 40 hours a week, the successful bidders in the tendering process for the private sector contracts can do it, on average, for 36 per cent less, said health ministry spokesperson Tanya Cholakov.

The Ontario Hospital Association questions this claim, saying it's an apples-and-oranges comparison. That's because hospitals will still be expected to do more of the urgent and emergency cases, which tend to be costlier, said OHA president Hilary Short.

"It's hard to make that comparison. You'd need to know what was the caseload, what was the complexity load," she argued.

But because the private contracting process has been done behind closed doors, those kinds of details are not publicly available. Indeed, the contracts between the province and

private operators are not for public consumption. Nor are the private sector proposals in which the 36 per cent cost-savings claims were made.

They contain "third-party privileged information," Cholakov explained, adding that the only recourse for anyone who wants to see them is to apply for access to them under the Freedom of Information Act.

Despite the assertion that it's 36 per cent cheaper to operate the private scanners, the government will not reveal how much it's giving each clinic for annual operating costs.

Cholakov advised a reporter to contact the clinics individually to find out how much each is getting from the province. But Kanwar said there was a confidentiality clause in the contract, prohibiting her from revealing how much her clinic is getting from the public purse to operate the scanners. Kingston MRI was no more forthcoming.

Curiously, Clement insists that the move to privatize the MRI services has been a "public and transparent process." Kanwar emphasizes that she is providing MRI scans strictly for altruistic reasons, not to make money. "I just don't think that people should have to wait for tests. That's really where I want to make the difference," she said.

"It's \$2 million of investment (so) it's basically a break-even proposition over seven years," she said, explaining the cost incurred by KMH to purchase an MRI scanner.

While she insists she's not making any money off the venture, she says it provides an income allowance for her and her husband, the other principal in the company.

But again, she refuses to say how much. "I'm not going to comment on that. I think that's personal."

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# **Liberals blast MRI hiring**

**By Frank Armstrong**

Local News - The luring of a Kingston General Hospital MRI technologist to a new private clinic shows Premier Ernie Eves has already broken his pledge that the new clinics would complement, not undermine, the public health-care system, the leader of the Ontario Liberal Party told The Whig-Standard yesterday.

"Private MRIs are still in their infancy in Ontario and already Ernie Eves has broken his promise," McGuinty said in an interview from Toronto.

Critics have charged that the private MRI clinics are a backdoor plan to privatize the public health-care system. Five private clinics are being opened in Ontario, including the facility in Blackburn Mews in Kingston's west end.

Eves has promised that the new clinics will help public health care by increasing access to MRI machines and reducing costs to taxpayers.

The hiring of a part-time hospital technologist in Windsor and full-time KGH technologist Tammie Hepburn at Kingston MRI, reported in yesterday's Whig, show Eves has already broken his promise, McGuinty said.

"He maintained from the outset that his private MRIs would always act in a way that is complementary to the public system – they would only add to it and never take from it," he said.

"Well, twice already now he has taken from the public system."

The loss of a single MRI technologist is a big blow for KGH because MRI technologists are in short supply.

KGH learned several months ago that Hepburn had been hired by Kingston MRI, yet her position still hasn't been filled. Hepburn told the newspaper she'll earn more and have better working hours at the private Kingston clinic.

The technologist shortage is so severe that the only places private clinics will find their technologists will be at public hospitals, McGuinty said.

"I think he's already put the nail in the coffin of the private MRI experiment and this was perfectly predictable," he said of Eves.

McGuinty will make it an election issue.

If elected, the Ontario Liberal Party would, instead, expand the public health-care system, McGuinty said.

Natalie Mehra, provincial co-ordinator for the Ontario Health Coalition, believes these first two technologist "poachings" are just the first of several from the public sector.

Long before the Kingston clinic opened yesterday, clinic officials had been canvassing at KGH for employees, Mehra said.

"It was inevitable that they would poach from the public system because there just simply aren't enough additional staff to be had," she said.

The coalition brought this issue up to the Ontario government when it announced the private MRIs and Eves and Health Minister Tony Clement responded they would only introduce the centres if they were faster, better and cheaper to run than publicly run MRIs, she said.

Mehra said the government failed to provide any evidence to back up these claims.

She also voiced concerns that the private clinics will harm public health care by doing more than hiring its scarce technologists.

That's because the private clinics are allowed to take on private patients for procedures that aren't covered by public health insurance.

The coalition fears that they will take all the lucrative easy scans and third-party billings, and leave the public system with the most expensive, more complicated scans.

The health coalition says on its Web site – [www.web.net/ohc](http://www.web.net/ohc) – that 13 radiation technologists were to have graduated in 2002. Another 17 were to graduate in 2003.

They won't be enough to satisfy the extra needs of the five new clinics, Mehra said.

Paul Cantin, press secretary for Health Minister Clement, said the province is working on the problem.

It is helping to increase the number of technologist graduates and it's bringing qualified people in from outside the country, Cantin said.

He disputed suggestions that Kingston MRI breached provincial rules by poaching from KGH and suggested the rules aren't so cut and dry.

"The tendering process was designed to favour companies who would actually be taking some steps to develop human resources plans that weren't solely based on the notion of going to the nearest hospital and inducing staff away to come and work at the private clinic," he said.

Kingston MRI, for example, has brought in one of its technologists from Manitoba after a sweeping search for employees. It is also supporting the education of a technologist student at Michener Institute in Toronto. The student is in a fast-track program and is expected to start at Kingston MRI next year.

Clinics such as Kingston MRI will be monitored to make sure they follow through on the promises they made during the tendering process, Cantin said.

He also said that the introduction of Kingston MRI to the community has not detracted from local public health care.

"Prior to this, there was one MRI in the hospital and now there are two MRIs in the Kingston area and both are ... paid for out of OHIP – the people pay for the service the exact same way they do at the hospital ... which is with their OHIP card, so it's all public health," he said.

Kingston MRI will add 40 hours per week to the 70 hours that KGH provides.

There are about 1,500 people on the waiting list at KGH, with waits ranging from a couple of weeks to nine months, depending on priority.

Dr. John Ricketts, president of Kingston MRI, didn't return a message left at the clinic yesterday.