

1. Kingston Whig-Standard (March 28, 2007)
Private-sector clinics cost more, minister says
Letter to the Editor
By George Smitherman
Minister of Health and Long-Term Care
2. Ontario Health Coalition (March 23, 2007)
Health Coalition Protests John Tory:
He's Got His Facts Wrong
3. Globe and Mail (March 22, 2007)
Ideology blamed for rebuff of private surgery plan
By Lisa Priest
4. National Post (March 21, 2007)
Letters to the Editor (3)
Smitherman defends knee surgery ban
Re: Suffering for Smitherman, editorial, March 19.
5. National Post (March 19, 2007)
EDITORIAL
Suffering for Smitherman
6. Globe and Mail (March 20, 2007)
Letter to the Editor by Natalie Mehra
Profiting from sense
7. Globe and Mail (March 19, 2007)
Ontario's dismissal of privately provided care
8. National Post (March 16, 2007)
Ontario liberals reject private surgeries
By Melissa Leong
9. Globe and Mail (March 16, 2007)
Smitherman won't outsource knee operations
By Lisa Priest
10. Globe and Mail (March 15, 2007)
Ontario mulls private knee operations
By Lisa Priest
11. Ontario Health Coalition (March 15, 2007)
Media Release: Health Coalition Slams Private Clinic
Proposal & John Tory's Support for Privatization

1. _____

Kingston Whig-Standard (March 28, 2007)
Private-sector clinics cost more, minister says
Letter to the Editor
By George Smitherman, *Minister of Health and Long-Term Care*

I read with interest and some disappointment the Whig- Standard's editorial responding to my decision not to outsource publicly funded knee replacement services to a private, for-profit company, Don Mills Surgical Ltd. ("Smitherman syndrome," March 22). This decision was made based on compelling evidence that the public health-care system can do, and is already doing, a better job.

Ontario Conservative leader John Tory believes that the private system can deliver health care cheaper than the public system. This is the same old argument the Conservative party has used in the past. Tory's approach is quite simplistic and, like arguments made in the past, it conveniently ignores the fine print of the for- profit sector's so-called low-price offer. In the case of the Don Mills surgical unit, the fine print shows that it is only willing to do the least-complicated cases, which is known as cream-skimming.

This practice is quite prevalent in for-profit surgical clinics around the world. Once the fine print is taken into consideration, the for-profit plan that Don Mills Surgical Unit has on offer, and that Tory is advocating for, shows that the real cost could actually be about \$1.5 million more than if these same surgeries were performed in the public system.

Here is just one example of where innovation within the public sector has already allowed us to dramatically reduce case costs: cataract surgery.

While the Don Mills Surgical Unit charges \$750 per eye, the public sector can provide this procedure for as low as \$575 per eye. This lower rate will allow us, going forward, to reallocate volumes from the for-profit sector to the less-expensive high-quality environment provided in Ontario's public health-care system.

There was a time, particularly under previous Conservative and NDP governments, when due to issues of capacity in the public system, Ontario did look to private clinics to perform certain procedures. When the McGuinty government came to office, it had confidence that with hard work it could bring about efficiencies and deliver results in the public system. Through the strategic investment of \$614 million of the people's money in an Ontario Wait Times Strategy led by front-line health-care providers across the province, it has done just that.

The answer to wait-time challenges in Kingston is not for the government to invest your tax dollars in for-profit Toronto-based clinics. The answer is to continue working tirelessly to enhance capacity and efficiency at public hospitals so that local residents can get timely access to the care they need. We are committed to building on this record.

2. _____

Ontario Health Coalition (March 23, 2007)

MEDIA RELEASE

Health Coalition Protests John Tory:
He's Got His Facts Wrong

Toronto – The Ontario Health Coalition challenged Conservative leader John Tory today on his aggressive campaign in support of a for-profit surgery clinic.

When a group of seniors, nurses, teachers, patient groups and hospital workers gathered early this morning outside the Hilton Hotel where Tory was speaking to the Economic Club, Tory came outside to debate the public health care advocates. But an aide urged him back inside when he was challenged on the facts.

"John Tory's numbers are demonstrably wrong. He is comparing the price for partial knee surgeries in the private clinic to full hip-and-knee procedures in a non-profit public hospital," said Natalie Mehra, coalition director.

The real prices as reported by the Health Minister in the legislature are: \$5,800 in the private clinic bid and just over \$4,800 in public non-profit hospitals for the same procedure.

In Tory's aggressive campaign, he avoids the real issue: "If we provide money for any one surgeon, they can provide surgeries for patients in need. That's no argument for privatization. If we fund a non-profit or public homecare, we can provide a vast range of services for seniors in need, without anything taken out as profits," Mehra said. "It's strange that we don't see John Tory on the front page of the Globe and Mail advocating for public homecare services," she added. "Could it be that this campaign is about commercial interests, not seniors in need?"

Further, each private clinic in Canada takes scarce staff away from public hospitals and leaves the heavy care and complex patients behind with less staff, the OHC maintains.

“Tory’s health privatization campaign is irresponsible and opportunistic. He is exploiting seniors in need to advocate for one profit-seeking clinic to win a contract. I cannot recall seeing political leader going to such extreme lengths to advocate for a single profit-seeking business interest with such disregard of the consequences on our health system,” Mehra said.

Quick Facts:

- The British Medical Journal reported in 2004, that the public health system was charged 47% more for hip replacements performed in private surgical clinics than for the same procedures provided in public hospitals.
- The for-profit cancer surgery clinic opened by the Conservatives was eventually closed down after the provincial auditor found that it cost \$500 more per procedure than public hospitals.
- Studies reported in the Canadian Medical Association Journal show that meta analyses of for-profit hospitals and clinics show that they not only cost more but they lead to higher death rates as the for-profits skimp on trained staff and quality.
- The Alberta Branch of the Canadian Consumers Association studied wait lists and costs for cataract surgery in Alberta and found that wait times in Lethbridge with 100% public surgeries were less than half those in Calgary with the majority of the for-profit clinics, and costs were \$400 less per eye for the same lenses.
- The Don Mills Surgical Centre is part of the Alegro Health Group – a for-profit investor-owned company - which is traded on the Toronto Venture Stock Exchange (TSX-V).

.....

Ontario Health Coalition

15 Gervais Drive, Suite 305, Toronto, Ontario M3C 1Y8

Tel: 416-441-2502, Fax: 416-441-4073

ohc@sympatico.ca / www.ontariohealthcoalition.ca

3. _____

Globe and Mail (March 22, 2007)

Ideology blamed for rebuff of private surgery plan

Knee replacement proposal rejected by government would have saved enough to perform another 276 operations, critic says

By Lisa Priest

For the third day in a row, the Ontario government was put on the hot seat and was asked to explain why it dismissed a proposal to do knee replacement operations at a private hospital -- even though it would have saved taxpayers more than \$1.6-million.

Progressive Conservative finance critic Tim Hudak told the Ontario Legislature yesterday that the savings from the proposal by Don Mills Surgical Unit would have meant another 276 knee operations could be performed at the private Toronto hospital.

Mr. Hudak was responding to stories in The Globe and Mail that revealed how the Ontario government rejected a proposal to do 1,500 knee replacement operations at the private hospital for \$5,800 each, which is \$1,082 lower than community hospitals are paid per operation.

"Judging by the minister's rhetoric, it seems to be driven by rigid ideology," Mr. Hudak said in a telephone interview. "Unfortunately, while the government clings to this dated ideology, patients are suffering on long waiting lists."

Despite three days of questions from the opposition this week, Mr. Hudak said no clear answer has been given for the government's rejection of the proposal. Given that Don Mills Surgical already does publicly funded knee arthroscopies and cataract surgery, he wondered why it would not be able to do knee replacements.

"I'm not clear and no real explanation has ever been given by [Premier] Dalton McGuinty on why he's refusing this proposal that would give quick access to patients suffering on waiting lists," Mr. Hudak said yesterday.

Don Mills Surgical is one of three surgical hospitals that operate under the province's Private Hospitals Act. Also known as Don Mills Surgical Centre, it was allowed to continue private operations in Ontario after the public health-care system was introduced.

Cosmetic surgery and unfunded prostate cancer therapy, in addition to provincially financed cataract and orthopedic services, are performed at the 44-year-old hospital.

During Question Period yesterday, George Smitherman, Minister of Health and Long-Term Care, reiterated his government's track record on reducing waiting times, saying it has increased access to hip and knee replacements.

"We've produced results in the context of our public health-care system, and we believe fundamentally that this is the way to go forward to continue to reward the public health-care system for the innovations that it's making and for the improved access that is being provided to the people of the province of Ontario," Mr. Smitherman said.

Waiting times are a particularly sensitive issue for the Ontario government, which has been working feverishly to reduce some of the lengthier queues. Although progress has been made -- waits for knee replacement, for example, have dropped by 30.2 per cent or 133 days since August/September of 2005 -- queues remain long.

Specifically, 90 per cent of patients requiring knee replacements had them done within 307 days, according to Ontario figures for December of 2006 to January of 2007.

Zoltan Nagy, executive vice-president of the Canadian Independent Medical Clinics Association, said there are no facts he knows of that would support rejecting such a proposal. "If you talk to orthopedic surgeons, they love to operate," Mr. Nagy said in a telephone interview from Vancouver. "And the more they do, the more skilled they become and the more efficient, effective, they become."

If Ontario did sanction such a proposal, it would be following in the steps of British Columbia, Alberta and Manitoba. Those provinces have contracted out procedures to private clinics in an attempt to reduce lengthy waiting times. In Ontario, however, private hospitals, including those that provide publicly funded care and do not allow queue-jumping, remain a hot-button issue.

Sharon Sholzberg-Gray, president and chief executive officer of the Canadian Healthcare Association, said she would be careful in looking at costs per case alone because some private clinics do only uncomplicated cases, which typically would be less costly.

"Some joint replacements are more routine than others," Ms. Sholzberg-Gray said yesterday.

James Waddell, medical lead for the bone and joint health program for Toronto central local health integration network, said many of the orthopedic surgeons he knows wouldn't have time to operate at a private hospital as they already operate three days a week in public hospitals; the other two days are devoted to consultations and patient follow-up.

However, one orthopedic surgeon interviewed, Paul Wong, said if he operated at Don Mills Surgical, he could double his operating-room time from his current 1½ days.

4. _____

National Post (March 21, 2007)

Letter to the Editor (1)

Smitherman defends knee surgery ban

Re: Suffering for Smitherman, editorial, March 19.

By George Smitherman, Ontario Minister of Health and Long-Term Care

I read with interest this editorial in response to my decision not to outsource publicly funded knee replacement services to a private company. I want to be clear: The Ontario government's position on this issue is not based on "extremist ideology," but instead on sound business principles -- and the knowledge that Ontario's public health care system is already delivering better results through greater innovation.

We will continue to significantly increase surgical volumes by focusing on results-based performance measurements, saving taxpayers' dollars while enhancing capacity.

In Ontario, knee replacement surgery is now performed on nine out of 10 patients within 307 days. This is a 133-day decrease in waits for this procedure in just a year and a half. Angiography is performed on nine out of 10 patients within 17 days. This is an 11-day decrease during the same time frame. The results are clear; we are delivering progress in the public health care system.

A culture of change is taking hold in Ontario. As Dr. Ruth Collins-Nakai, the past president of the Canadian Medical Association, commented on Ontario's Wait Time Strategy: "In a relatively short period of time, Ontario has moved from being a laggard to being a leader in the field of wait time management."

.....

Letter to the Editor (2) / Smitherman defends knee surgery ban
By Michael McBane, National Coordinator, Canadian Health Coalition

Rather than subsidize private for-profit facilities with public dollars, Mr. Smitherman has chosen to ensure that the public system has sufficient capacity and is universally accessible. There is nothing "ugly" or "ideologically motivated" about making decisions based on evidence and ethics.

Your editorial is correct in pointing out examples of backdoor treatments, queue-jumping by workers' compensation clients and letting some of our best doctors concentrate on uninsured elective procedures.

Dr. Arnold Relman, a professor emeritus at Harvard's medical school, identified the solution to these problems.

Fee-for-service payments of physicians, investor-owned facilities and a market ideology will have to be replaced by salaried physicians working in prepaid medical groups and by non-profit ownership.

.....

Letter to the Editor (3) / Smitherman defends knee surgery ban
By Doris Grinspun, Executive Director, Registered Nurses' Association of Ontario

Rather than "superstition," we believe that Minister Smitherman based his decision on the evidence. And the evidence consistently shows higher patient mortality rates in for-profit as compared to non-profit centres. It also shows that for-profit hospitals charged more, in fact, 19% more according to a report in the Canadian Medical Association Journal.

The answer to decreasing wait times isn't bringing private, for-profit clinics into our publicly funded system. The answer can be found among the thoughtful recommendations outlined in Dr. Brian Postl's report on wait times. We suggest all governments give them the consideration they deserve.

5. _____

National Post (March 19, 2007)
EDITORIAL
Suffering for Smitherman

Can there be anyone left who doesn't see the extremist ideology of monopolistic public medicare for the superstition it is?

Consider the events of last week, when a newspaper disclosed that the private Don Mills Surgical Unit Ltd. had put forward a plan to reduce Ontario's year-long knee-replacement waiting list by performing 1,500 of the operations under contract and that the Ontario health ministry was considering the proposal. This apparently came as a total surprise to Health Minister George Smitherman, who announced the same day that, "I will never support the outsourcing of those knee surgeries to any private, for-profit-motivated organization," and huffed that, "the not-for-profit public health-care system is the best expression of Canadian values." Cheer up, patients: don't you know suffering is patriotic?

Mr. Smitherman was correct to describe the proposal as an outsourcing of knee surgeries to a for-profit organization. But surely it's at least a little awkward for him to say he would "never support" such a thing when Don Mills Surgical already receives provincial funding to perform knee arthroscopies, eye surgeries and other procedures. Why is it kosher for this private facility to perform one kind of public-funded knee procedure but not others? And what on earth does the difference have to do with "Canadian values"?

The answer, of course, is "nothing." To politicians like Mr. Smitherman, the Canadian flag is merely a convenient veil for the ugly effects of ideologically motivated health care rationing. His snap decision, made without waiting for a cost-benefit analysis from his own bureaucrats, has nothing to do with any of the traditional stated reasons for opposition to medicare outsourcing. Critics cite higher costs for private care, but Smitherman didn't say he would consider new outsourcing when the price was right; he said he would never consider it at all.

Even presuming the worst about the economics of private care -- and as things stand, we appear to be letting some of our best doctors concentrate on uninsured elective procedures, affluent American visitors and backdoor treatments funded by the military and workers' compensation -- what would be the greatest possible long-term harm posed by accepting a one-time contract proposal for a specific number of surgeries?

If the ministry decided later that the contract was the wrong move, it could simply cut off the oxygen to the private clinic and enjoy the benefits of a shortened public queue for knee work. In the meantime, hundreds of otherwise immobile Canadians would be playing with their grandchildren, shooting 18 holes on the golf course and reporting to work.

The truth is that formal medicare outsourcing has already become part of the landscape in many provinces -- yes, including Ontario, where Don Mills Surgical has been a licensed part of the system for 40 years. The ambitious Mr. Smitherman, who apparently seeks to promote himself within Dalton McGuinty's cabinet as the up-and-coming champion of obsolete Trudeau-era statism, may think he can pass off his hypocrisy as "Canadian values." But we like to think that the voters of Ontario, particularly those with a twinge or two in their knees, know better.

6. _____

Globe and Mail (March 20, 2007)

Profiting from sense

Letter to the Editor

By Natalie Mehra, Director of the Ontario Health Coalition

Commercial secrecy, competition and the administrative burdens of the for-profits in health care work against co-ordination, integration and efficiency (Ontario's Dismissal of Privately Provided Care - editorial, March 19).

The British Medical Journal reports that Britain's experiment with for-profit surgical clinics resulted in dramatically higher costs per procedure.

The meta analysis of the outcomes in for-profits published in the Canadian Medical Journal shows that for-profit hospitals and clinics in the U.S. not only cost more but deliver higher patient mortality rates.

Would any sensible CEO encourage her most highly trained, expensive and scarce staff to set up side businesses of their own, siphoning time and energy away from the core enterprise? Can you think of a more predictable recipe for cost increases and shortages?

But in this "election silly season," don't let the facts get in the way of ideology.

7. _____

Globe and Mail (March 19, 2007)

Ontario's dismissal of privately provided care

Canadians should not have to wait in terrible pain for surgery because political leaders won't talk honestly about private health care. But that is the situation in Ontario. People wait nearly twice as long as the Ontario government's official targets say they should. Yet Health Minister George Smitherman turned his nose up last week at a chance to pay a private clinic in Toronto to help cut waiting times for knee-replacement surgery.

The option Mr. Smitherman rejected did not involve credit-card medicine for the affluent. The surgical procedures at Don Mills Surgical Unit Ltd., a 44-year-old clinic, would have been paid for by the public health insurance plan, just as in big public hospitals. Yet the Health Minister unburdened himself of a grandiose statement of principle. "I will never support the outsourcing of those knee surgeries to any private, for-profit-motivated organization. Our government fundamentally believes that the public health-care system, the not-for-profit public health-care system, is the best expression of Canadian values." Surely a provincial election is in the offing when government ministers launch fusillades of phony umbrage against private care -- even as their health systems make use of private clinics.

Ontario already pays for abortions at private surgical clinics. Funny, Mr. Smitherman has never decried the existence of those clinics. Ontario also pays for cataract and orthopedic surgical operations in the same Don Mills Surgical Unit rejected for knee replacements. The province pays for countless visits to thousands of family medical clinics. Why, then, is private care said to be beyond the pale whenever an election comes around?

Far from being an enemy of publicly funded medicare, the private clinics may help shore up the system. No, private clinics are not a panacea for a stretched system -- there is only one pool of doctors to draw upon, and in a single-payer system only one source of money -- but small, efficient clinics can help expand the system's capacity. British Columbia and Alberta have been increasingly turning to them. Even in Manitoba, which has an NDP government, a regional health authority signed a contract recently with the private Maples Surgical Centre in Winnipeg to provide dental, ear, nose and throat and other surgical operations for children, and some adult operations.

Ontario says patients should wait no more than six months for knee-replacement surgery. Yet 90 per cent wait 357 days, even after a drop of 83 days, or 18 per cent, since August/September of 2005. The Supreme Court of Canada was so disturbed two summers ago on learning that people were forced to wait in pain for hip surgery while being denied private options that it threatened to topple the entire structure of medicare. Mr. Smitherman's defence may put the system at serious risk.

It is doubtful that anyone who needs the knee-replacement surgery cares whether the hospital that provides it is public or private, or makes a profit, as long as it is efficient, high-quality and accountable. But the election silly season has begun; while politicians declaim in defence of medicare, patients continue to suffer.

8. _____

National Post (March 16, 2007)
Ontario liberals reject private surgeries
By Melissa Leong

The Ontario government said yesterday it would not support a proposal to contract out 1,500 knee replacement surgeries to a private clinic in Toronto to ease wait times.

"I will never support the outsourcing of those knee surgeries to any private, for-profit-motivated organization," George Smitherman, Minister of Health and Long-Term Care, said. "Our government fundamentally believes that the public health care system, the not-for profit public health care system, is the best expression of Canadian values."

Mr. Smitherman was responding to an "unsolicited" proposal from Don Mills Surgical Unit Ltd., one of three surgical hospitals that operate under the province's Private Hospitals Act. The hospital already provides publicly-funded surgical procedures such as cataract and orthopaedic services.

The minister pointed to a decrease in wait times in recent years for hip and knee replacements as evidence of the government's current policy's progress. The wait time for a knee replacement in Ontario is 307 days, according to information on the province's new "wait time" Web site.

But John Tory said yesterday that the government should be embracing these kinds of proposals.

"I believe it would be a good thing for the health care system and for patients in Ontario to have the private delivery of publicly financed health care services," he told reporters. "That would provide choice to people, it would provide some competition and innovation in the system and as long as everybody is paying with their OHIP card, I see nothing wrong with it."

9. _____

Globe and Mail (March 16, 2007)
Smitherman won't outsource knee operations
BY LISA PRIEST

Ontario Health Minister George Smitherman said the government will not consider contracting out knee-replacement operations to a private Toronto hospital.

The Globe and Mail revealed yesterday that the province was reviewing a proposal from Don Mills Surgical Unit Ltd., a private Toronto hospital, to perform 1,500 knee-replacement operations.

Late Wednesday afternoon, Health Ministry spokesman A. G. Klei said in an interview that the proposal was under review. But by early yesterday, Mr. Smitherman said at a press conference that he would not support it.

"This Ministry of Health gives you and all Ontarians the complete assurance, I will never support the outsourcing of those knee surgeries to any private, for-profit-motivated organization," Mr. Smitherman said. "Our government fundamentally believes that the public health-care system, the not-for-profit public health-care system is the best expression of Canadian values."

He later added: "We would not be supporting such a proposal with all certainty, I offer."

The news comes as the Ontario government works feverishly to reduce some of the lengthier queues for joint replacements.

Although progress has been made -- waits for knee replacement, for example, have dropped by 18.9 per cent or 83 days since August/September, 2005 -- queues remain long.

Specifically, 90 per cent of patients requiring knee replacements had them done in just under a year, within 357 days, according to Ontario figures for October and November of 2006.

Under the proposal, the 20-bed hospital with two operating rooms would provide a form of one-stop shopping for patients, in what is becoming part of a growing trend of boutique surgical centres across Canada.

Patients would stay at the North Toronto hospital to undergo surgery and do physiotherapy.

The moneyed would not be able to jump the queue, and patients wouldn't notice any difference from the public hospital system, Brenda Rasmussen, chief executive officer of Alegro Health Corp., parent of Don Mills Surgical, has said.

10. _____

Globe and Mail (March 15, 2007)
Ontario mulls private knee operations
One-stop shopping proposal under review
BY LISA PRIEST

The Ontario government is reviewing a proposal that would pay a private hospital to perform 1,500 knee replacement operations -- a move that comes as the province struggles to reduce lengthy queues where some patients wait as long as one year for surgery.

If the pitch by Don Mills Surgical Unit Ltd. goes through, Ontario would join other provincial governments that have learned that sometimes, the best way to reduce ballooning waiting times in the public health-care system is by going private.

"The government has agreed that it's a very relevant proposal," said Brenda Rasmussen, chief executive officer of Alegro Health Corp., parent of Don Mills Surgical. "They are considering it at this time."

The proposal suggests allowing the 20-bed hospital with two operating rooms to provide a form of one-stop shopping for patients, in what is becoming part of a growing trend of boutique surgical centres across Canada.

Yesterday, Ontario Health Ministry spokesman A.G. Klei confirmed the proposal is under consideration, but said no formal decision has been made.

Patients would stay at the North Toronto hospital to undergo surgery and do physiotherapy. The moneyed would not be able to jump the queue and patients wouldn't notice any difference from the public hospital system, Ms. Rasmussen said.

Don Mills Surgical is one of three surgical hospitals that operate under the province's Private Hospitals Act. Also known as Don Mills Surgical Centre, it was allowed to continue private operations in Ontario after the public health-care system was introduced. The 44-year-old hospital does cosmetic surgery and unfunded prostate cancer therapy in addition to provincially financed cataract and orthopedic services such as knee arthroscopy and cataract surgery.

Gilbert Sharpe, a health lawyer who is on the board of directors of Alegro Health, said public dollars that go to a private hospital for publicly funded procedures must be audited, and the private facility must also sign an accountability agreement.

The Ontario government has been working feverishly to reduce some of the lengthier queues. Although progress has been made -- waits for knee replacement, for example, have dropped by 18.9 per cent or 83 days since August/September 2005 -- queues remain staggeringly long.

Specifically, 90 per cent of patients requiring knee replacements had them done in just under a year -- within 357 days -- according to Ontario figures for October and November of 2006.

But waits vary dramatically by hospital. Ross Memorial Hospital in Lindsay, Ont., has one of the shortest waits in the province, with 90 per cent of patients being operated on within 90 days. Compare that with York Central Hospital in Richmond Hill, north of Toronto, where 90 per cent of patients get their surgery within 366 days, during the October-to-November, 2006, time period.

The problem is not limited to Ontario: Queues for joint replacements have been a chronic issue in Canada. In December of 2005, the federal government set the maximum length of time patients should wait for treatment in five priority areas, saying the wait for joint replacements should be not more than six months.

If Ontario approves this proposal, it will follow in the steps of British Columbia, Alberta and Manitoba -- all of which have contracted publicly funded health-care services to private surgical facilities in an effort to reduce waiting times for cataract surgery, knee and hip replacements, and other services.

Early last month, the Maples Surgical Centre, another private facility, signed a contract with the Winnipeg Regional Health Authority to perform day surgery and other procedures for adults and children.

In all, the centre will perform 1,800 publicly funded procedures under the contract, said Mark Godley, president and founder.

"It's a very important step in trying to bring competition to the health-care arena," Dr. Godley said in a telephone interview from Winnipeg yesterday.

"Private facilities want to be efficient and there's definitely that motivation to provide good care because a contract can always be taken away."

The Calgary Health Region recently renewed its contract for a five-year term with the Health Resource Centre. The 37-bed inpatient surgical facility does about 1,000 orthopedic procedures a year for the Calgary Health Region, primarily hip and knee replacements, said Don Stewart, manager of media relations for Calgary Health Region.

"It has been tremendous. We're not suggesting that there aren't wait times," Mr. Stewart said in a telephone interview from Calgary. "It does reduce the wait considerably."

Back in Ontario, Ms. Rasmussen said performing 1,500 joint replacements would help reduce Ontario's waiting list as at least five orthopedic surgeons from the public system would bring their patients to the facility.

If the proposal goes ahead, Don Mills Surgical would require renovations, including the addition of a third operating room. Ms. Rasmussen wouldn't say how much money was involved in the health-care pitch, made in January, but she did say it would not cost the public system any more than it pays for the operations now.

Currently, community hospitals that perform a total knee replacement are reimbursed \$6,882 per operation, Mr. Klei said.

If the proposal is accepted, Toronto orthopedic surgeon Paul Wong estimates he could double his operating room time and do twice as many knee replacements. His patients now wait three to four months for a total knee or total hip replacement.

"It's long overdue," Dr. Wong said. "It's the ideal model for me. We can have the best of both worlds."

11. _____

Ontario Health Coalition (March 15, 2007)
MEDIA RELEASE
Health Coalition Slams Private Clinic Proposal &
John Tory's Support for Privatization

Toronto -- The Ontario Health Coalition reacted with outrage to Conservative Leader John Tory's statement in favour of for-profit hospital services today.

The coalition called for stronger measures to stop the for-profit privatization of Ontario's hospital services, noting that the for-profit surgical clinic proposal reported in today's Globe and Mail is part of an aggressive campaign by the for-profit industry to gain access to new profit-making opportunities at the expense of the public health system.

"John Tory has just put himself on the record supporting more radical health privatization than even Mike Harris attempted," charged Natalie Mehra, Director of the Ontario Health Coalition. "Today's events show that McGuinty must enact stronger measures to protect the public non-profit nature of the health system."

"John Tory cannot both campaign on tax cuts and for-profit health care since private health care costs demonstrably more than non-profit care. John Tory should know that Britain's introduction

of for-profit hospital clinics - identical to the proposed clinics in Ontario - has forced the Blair government to impose tax increases to fund the creation of the parallel private system. Blair is also paying for his private health experiment by closing more than 50 rural hospitals. If John Tory and the Conservatives want this fight in rural Ontario leading into the election, we will take them up on it."

Dr. P.J. Devereaux, at the Department of Clinical Epidemiology and Biostatistics at McMaster University, a noted expert, also expressed grave concern. "It would be very unwise for Ontario to head in the direction of for-profit surgical clinics and hospitals. Research consistently shows higher risk-adjusted death rates and higher costs for care in for-profit versus not-for-profit facilities. The last thing we should do is make the situation worse by introducing private clinics."

"The proposal by the Don Mills Surgical Centre shows the hallmarks of the favoured business model of the for-profit health industry moving into Canada. These clinics maximize profit by obtaining government contracts to provide a steady stream of tax revenue and supplement this with extra user fees for any procedures for which they can charge," noted Ross Sutherland, RN, and Ontario Health Coalition board member. "Such clinics are a significant threat to the public health system and will cost patients more."

"While we are pleased that the McGuinty government is taking a clear stand against for-profit surgical clinics, they are engaging in a model of health restructuring that carries a serious threat of for-profit privatization. We are calling for stronger barriers in the way of the dismantling of the public non-profit system and charging fees to patients," said Mehra.

Quick Facts:

- The British Medical Journal reported in 2004, that the public health system was charged 47% more for hip replacements performed in private surgical clinics than for the same procedures provided in public hospitals
- Health policy expert and author Colleen Fuller reported in December that the costs for hip replacement surgeries in Alberta were \$10,000 in a non-profit hospital and up to \$21,780 in the province's for-profit clinics.
- Patients in BC's for-profit clinics have been charged between \$700 and \$17,000 each in so-called "facility fees" which were deemed a contravention of the Canada Health Act.
- The Don Mills Surgical Centre is part of the Alegro Health Group which is traded on the Toronto Venture Stock Exchange (TSX-V).
- The Centre, which has been in existence for 40 years, was bought by Alegro Health Group in 2005. They offer high intensity ultrasound treatments for prostate cancer and which is an experimental procedure, not approved and therefore not covered by OHIP. They also offer other non-insured (non-OHIP) health services for a fee.
- Alegro is a for-profit health corporation focusing on private-payer services. It was incorporated in 2001 and appears to have operating revenues of \$12 million per year.

For more information: Ontario Health Coalition, 416-441-2502