

Demystifying Privatization

Bernard Ho, MD CCFP(EM)



“Privatization” – What does it mean?

- Private pay
- Private delivery



Private Pay

- Who is financing the health care?



Private Delivery

- Is health care delivered on a not-for-profit or for-profit basis?



Private Delivery

Doug Ford government plans to spend more than hospitals for OAP services, documents show

Discrepancy raises questions about plans to expand public hospitals

 Mike Crawley · CBC News · Posted: Nov 14, 2023



The Ontario government has never before made public thousands of outpatient day surgeries each year. Through documents that reveal those funding rates for

Alberta expanding use of private surgical centre in Calgary in bid to reduce wait times

ALANNA SMITH >
CALGARY
PUBLISHED JANUARY 23, 2023

This article was published more



Alberta Health Minister Jason Copping says there are about 70,000 Albertans currently waiting for surgeries – dipping from a high of more than 85,000 in November 2021, according to the Alberta Surgical Initiative dashboard.

JASON FRANSON/THE CANADIAN PRESS

'It's a big concern': Private health care grows yet again



Saskatchewan will pay private clinics to help close surgery gap

Privately run orthopedic surgery clinic to be built in Saskatoon intended to help clear the province's surgical backlog.

Zak Vescera

Published Jul 25, 2022 · 3 minute read

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Prairieview Surgical Centre in Saskatoon is owned by Calgary-based Surgical Centres Inc. Photo taken in Saskatoon, SK on Tuesday, May 31, 2022. PHOTO BY MATT SMITH /Saskatoon StarPhoenix

What are the issues with private delivery?

- Increased mortality
- For-profit LTC homes in Ontario had 78% more resident deaths during the first two waves of the pandemic, compared to not-for-profit homes¹
- USA: for-profit hospitals were associated with a higher mortality rate compared to not-for-profit hospitals²
- NHS: Private sector outsourcing corresponded with significantly increased rates of treatable mortality, potentially as a result of a decline in the quality of health-care services³

1. <https://covid19-sciencetable.ca/sciencebrief/covid-19-and-ontarios-long-term-care-homes-2/>
2. <https://pubmed.ncbi.nlm.nih.gov/12054406/>
3. <https://pubmed.ncbi.nlm.nih.gov/35779546/>

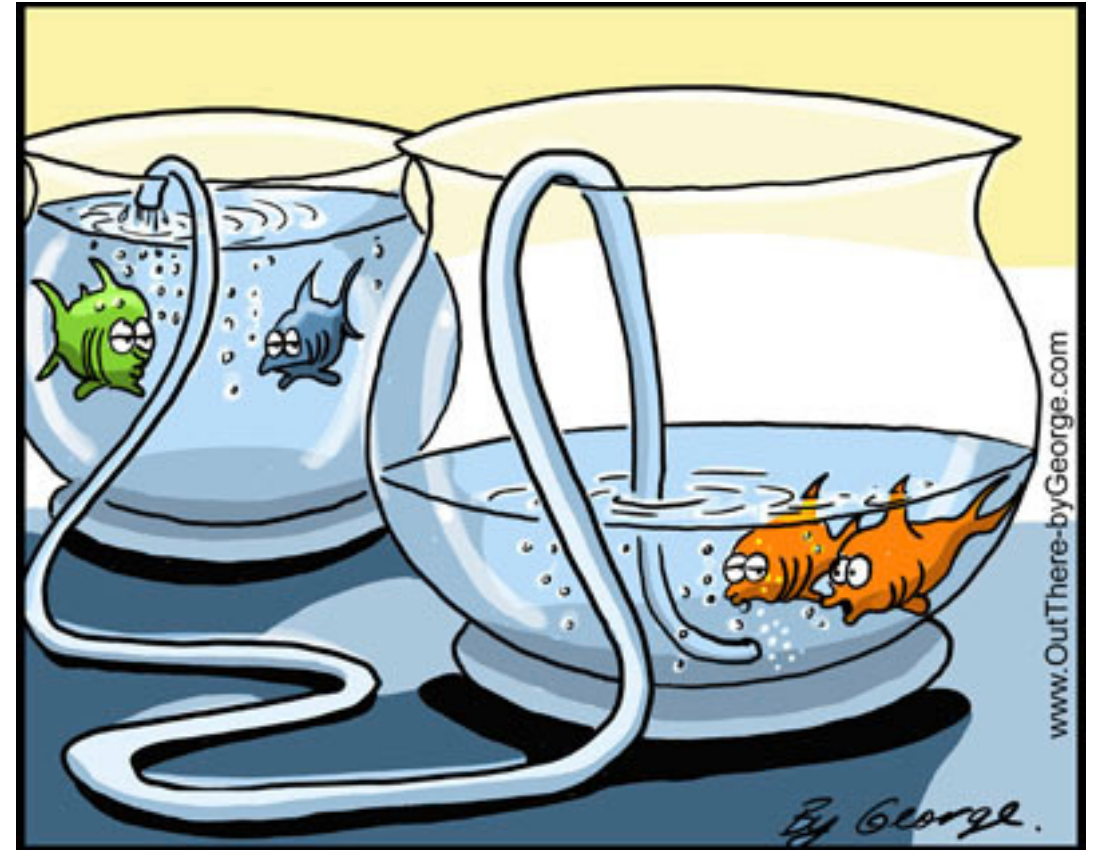
What are the issues with private delivery?

- Public funds going towards private investor-owned clinics



What are the issues with private delivery?

- Draining resources from the public system
 - “Cream-skimming”



“Do something Barney...we’re being siphoned
in broad daylight”

What are the issues with private delivery?

- Upselling



She paid thousands more than she needed to at a private clinic

Solutions

- Single-entry models

Confronting the COVID-19 surgery crisis: time for transformational change

David R. Urbach and Danielle Martin

CMAJ May 25, 2020 192 (21) E585-E586; DOI: <https://doi.org/10.1503/cmaj.200791>

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KEY POINTS

- The coronavirus disease 2019 (COVID-19) pandemic has profoundly reduced the capacity of health systems to provide scheduled services such as elective surgery and other non-emergency procedures.
- The combination of single-entry models and team-based care is an efficient, fair and ethical approach to addressing the pent-up demand for surgery in the presence of constrained resources.
- Even beyond the COVID-19 pandemic, single-entry models and team-based care are effective strategies to reduce wait times, enhance the patient experience of care and improve surgeons' professional work environments.

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Vol. 192, Issue 21
25 May 2020

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Solutions

- Team-based care

Utilization and cost of a new model of care for managing acute knee injuries: the Calgary acute knee injury clinic

[Breda HF Lau](#),^{✉1} [Mark R Lafave](#),¹ [Nicholas G Mohtadi](#),² and [Dale J Butterwick](#)³

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Abstract

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Background

Musculoskeletal disorders (MSDs) affect a large proportion of the Canadian population and present a huge problem that continues to strain primary healthcare resources. Currently, the Canadian healthcare system depicts a clinical care pathway for MSDs that is inefficient and ineffective. Therefore, a new inter-disciplinary team-based model of care for managing acute knee injuries was developed in Calgary, Alberta, Canada: the Calgary Acute Knee Injury Clinic (C-AKIC). The goal of this paper is to evaluate and report on the appropriateness, efficiency, and effectiveness of the C-AKIC through healthcare utilization and costs associated with acute knee injuries.

Solutions

- Expand OR time

Ontario expanding private clinics while hospital ORs sit idle, health care advocates say

JEFF GRAY > QUEEN'S PARK REPORTER

PUBLISHED FEBRUARY 6, 2023

This article was published more than 6 months ago. Some information may no longer be current.



Health care advocates and the Opposition NDP say the pivot to private clinics makes little sense when Ontario hospitals have ORs that are underused because of funding or staffing shortages.

CHRIS YOUNG/THE CANADIAN PRESS

Solutions

- Improved access to primary care

⌕ Primary care for all: lessons for Canada from peer countries with high primary care attachment

Heba Shahaed, Richard H. Glazier, Michael Anderson, Erica Barbazza, Véronique L.L.C. Bos, Ingrid S. Saunes, Juha Auvinen, Maryam Daneshvarfard and Tara Kiran
CMAJ December 04, 2023 195 (47) E1628-E1636; DOI: <https://doi.org/10.1503/cmaj.221824>

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KEY POINTS

- Canada spends less of its total health budget on primary care than the average among Organisation for Economic Cooperation and Development (OECD) countries (5.3% v. 8.1%).
- Canada can learn lessons to inform policy on primary care from OECD countries like the United Kingdom, Norway, Netherlands and Finland where more than 95% of the population has a regular primary care clinician or place of care.
- An analysis of these countries shows that those with high rates of primary care attachment have stronger contractual agreements and accountability for family physicians, including where they practise, their scope of practice and who they accept as patients.
- Countries with high rates of primary care attachment have similar numbers of family physicians, but fewer work in walk-in clinics or specialized areas; family physicians are paid by capitation or salary, work in interprofessional teams and have excellent digital tools and information systems.

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CMAJ

Vol. 195, Issue 47
4 Dec 2023

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Article Tools

Solutions?

- Removing wage restraint legislation
- Paid sick days
- Pharmacare
- Dental care
- E-consults
- Many more...



CDM Privatization Myth-Buster

Myth: "Privatization" can help everyone access health care



In Canada's single-payer, publicly-funded health care system, government is the sole payer for hospital and physician services covered under each of the 13 provincial and territorial publicly-funded insurance plans

Health care services are delivered in facilities with a variety of ownership structures, including:

- "Publicly-owned facilities": ex. community health centers, public health clinics, most hospitals outside of Ontario.
- "Privately-owned not-for-profit facilities": ex. most hospitals in Ontario.
- "Physician-owned small businesses": ex. most doctor's offices.
- "Private for-profit investor-owned corporations": ex. some walk-in clinics, high-volume virtual care platforms, and private surgical clinics.

Questions?

