

MRI scanning, for-profit health care, and two-tier medicine

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By Dr. Gordon Guyatt

Patient: "Doctor, I'm so worried, I need to have my MRI test right away."

Radiologist: "I'm sorry, the waiting list is two months. Other patients are just as worried. You will have to wait."

Patient: "But doctor, I have \$1,000 right here to pay for the test. That should entitle me to skip the delay."

Doctor: "No, that's only if you have nothing wrong with you, and don't need the test."

Patient: "But doctor, that's the way it is. There is no good reason for this test, and so you should let me have it right away."

Doctor: "Nice try, but you can't fool me. I have a copy of your chest x-ray report, and it shows a shadow in the lung. You really need the MRI to sort out the problem, and that means you'll just have to wait."

The conversation may sound surreal, but it will be possible at the new magnetic resonance imaging (MRI) or computed tomography (CT) facilities that the Ontario government is funding. In a letter to the Spectator in response to my last column, Ontario Health Minister Tony Clement promised there will be no queue-jumping for medically necessary services at the new facilities. Patients without any medical indication, however, can pay for the privilege of an immediate scan.

There is no evidence that people having so-called "yuppie" screening scans will be better off as a result of the test, and they are subjecting themselves to radiation and the risk of further dangerous testing. That is why, in contrast to established screening tests for breast, cervical, or colon cancer, yuppie screening scans are not judged medically necessary.

Patients wanting these unnecessary tests can pay up to jump the queue.

What has lead Mr. Clement to suggest this bizarre arrangement? The

government faces a problem in access to sophisticated diagnostic tests.

The demand for CT, and particularly for MRI, is growing. Waiting lists for non-urgent, so-called "elective" scans can be months long. So, there is little doubt about the necessity for increasing capacity.

The government could have met this goal by increasing the number of scanners in Ontario's private not-for-profit hospitals. In addition, they could have provided resources for Independent Health Facilities, established by 1989 legislation, to run out-patient scanners devoted exclusively to OHIP-covered services.

The Ontario government, however, has taken a philosophical position in favour of increased for-profit provision of health care. Tony Clement has proudly stated that he wishes to encourage innovation from for-profit providers, and will encourage bids to run the new facilities from the United States. American companies, long eager to enter the Canadian market, were already approaching Canadian radiologists days after Mr. Clement's announcement.

Mr. Clement was left with a problem. The fee schedule that his Ministry would offer would be insufficient to allow American – or indeed Canadian – companies to generate the 15% profit margins their investors would expect. To attract for-profit companies, the government had to come up with a way to generate additional funds.

Why not just let the companies charge user fees, on top of what OHIP would contribute? Such user charges would violate the Canada Health Act, federal legislation that requires provinces to make health care equally available to all its citizens. Indeed, user charges would break the Ontario law that was passed in response to the Canada Health Act, legislation that prohibits patient charges for provincially insured services.

Mr. Clement's solution was imaginative. Knowing that yuppie scanning is becoming a major industry in the U.S., and American social trends will soon cross the border, he opened the door to private-pay scanning for services that are not "medically necessary".

Aside from the problems Mr. Clement faces trying to persuade critics that he can really avoid queue-jumping for medically necessary services, the

situation highlights the problems of American-style for-profit health care delivery. Picture a not-for-profit provider, committed to delivering provincially insured, necessary care, bidding for one of the new facilities.

If the not-for-profit bidder plans to restrict scans to those that are medically necessary, they will be limited to OHIP funding. In competitive bidding for government contracts to run MRI clinics, for-profit companies who plan to use as much time as possible on the better-paying yuppie scans can easily underbid the not-for-profit competitor. The not-for-profit companies must compromise their commitment to those who need testing the most, or fail in the bidding. Thus, for-profit providers drive the entire system toward a bottom-line approach.

The Ontario government has faced heavy criticism from the Ontario Associate of Radiologists, and many other observers, for its plan. Was the government taking political risks just to accommodate for-profit health care providers?

Perhaps. An even more frightening possibility is that user-pay yuppie scans represent the first step toward two-tiered delivery of physician and hospital services. Recall that Ernie Eves, at the beginning of his campaign to succeed Mike Harris, expressed a clear preference for allowing wealthy Canadians to pay for superior health care. His example: MRI scanning. Reporters asked Eves if he was talking about two-tier medicine that would permit people to pay to bypass waiting lists.

"Two-tier, you can call it whatever you want," he replied. Public reaction was extremely negative, and Eves quickly backed off.

One can't help but wonder if what Eves said first was what he really meant, and if the current Tory MRI initiative is designed to start us down the road toward American-style, two-tiered health care.