

Poaching by private, for-profit MRI clinics threatens hospital care
Hamilton Spectator and Straight Goods, August 22, 2003

By Dr. Gordon Guyatt

(Spectator headline: Investor-owned for-profit MRI scanning bad idea)

The Ontario Association of Radiologists are a smart group of doctors.

Early in 2002, the provincial government first floated the idea of private for-profit outpatient facilities offering high tech MRI scans. The radiologists predicted that the investor-owned clinics would poach scarce technologists from hospital-based MRI facilities.

In response, Health Minister Tony Clement promised a No Poaching Policy for the new clinics.

Guess what happened. So far, two investor-owned for-profit MRI facilities have opened. Seven hospitals, including Toronto's University Health Network (UHN) and the Kingston General Hospital, have lost technologists to the private clinics.

What about the government's No Poaching Policy?

"You can't control the mobility of the labour market," Premier Ernie Eves has responded.

Right, Ernie, but why then did your government offer its No Poaching Policy?

Not that the government isn't concerned about the function of the hospitals' MRI units. Eves has also said that the Ministry of Health should "ensure that any existing MRI in any public hospital is not prevented from operating through lack of expert personnel."

Unfortunately though, hospital MRI services are effected. Both the Kingston Hospital and the UHN have had to cut back services, and other hospitals may be forced to as well. A senior radiologist from the UHN imaging department has said that "this exodus of techs is causing significant problems in terms of capacity and quality of imaging for us."

How did the clinics persuade the technologists to leave the hospitals? The answer: money. The clinics offer the MRI technologists signing bonuses and higher salaries.

Which brings us to the government's stated reason for turning to investor-owned MRI in the first place. The Tories claim that the clinic's operating costs are cheaper than the hospitals'. Unfortunately, the government won't say how much it's giving each clinic, and the contracts are privileged information, not open to public scrutiny.

The government's refusal to provide the needed information prevents us from assessing its claim that the for-profit clinics will cost less than not-for-profit hospital facilities. But, just as a matter of logic, how could the for-profit clinics costs be less if they are paying their technologists more?

I asked Dr. Harald Stolberg, a Hamilton radiologist with more than 40 years involvement in the specialty at local, national, and international levels, that question.

"Hospitals deal with sicker patients," Stolberg explained, "conducting the scans, and interpreting them, will be more time-consuming and expensive than in the community."

But if that's true, the government won't really be saving money at all?

"Right," said Stolberg.

The practice of treating less sick, and therefore less expensive patients, is sometimes called "cream-skimming". American private for-profit health care providers often use cream-skimming to maximize their profits.

Stolberg offered other explanations. "The facilities may cut corners, and reduce standards of service where it is least visible."

That made me think of two reviews from McMaster that summarized all the high quality studies comparing death rates in private for-profit, versus private not-for-profit, hospitals and dialysis centers. Both reviews found higher death rates in the private for-profit facilities, likely a result

of the sort of corner-cutting that Stolberg fears.

Finally, Stolberg thinks the facilities are planning to conduct so-called “yuppie scans”. They will screen healthy individuals with MRI, looking for illnesses like cancer and heart disease, charging what the market will bear.

Tony Clement has vowed that he will not allow the for-profit clinics to charge patients who would like to bypass MRI waiting times by paying to jump the queue. Let’s call this Tony’s No Queue-jumping Policy. It is unclear whether Clement has any better enforcement mechanism in mind than he did for the No Poaching Policy.

Whatever the enforcement plan, the rule against direct patient charges only applies to medically necessary services.

Yuppie scans are unproven. In fact, they may show abnormalities that require further dangerous and expensive testing, but turn out to be harmless. They may therefore do more harm than good. Because their benefit is unproven, yuppie scans are not considered medically necessary, and so not subject to the prohibition against direct patient charges.

The College of Physicians and Surgeons, the body responsible for protecting the public against possible physician misbehavior, has said that as far as it is concerned, the clinics should not be doing yuppie scans.

The College is making that recommendation because yuppie scans are potentially dangerous. They would also, however, rob MRI slots from patients who really need the test.

Clement has been repeatedly asked whether his Ministry will allow the clinics to charge patients for yuppie scans. So far, he has not provided a direct answer.

By poaching technologists, the investor-owned MRI facilities are threatening the care of hospital patients. Dr. Stolberg’s observations make it clear that technologist poaching is only one reason why investor-owned for-profit MRI scanning is a bad idea.