Ontario Health Coalition
Protecting public healthcare for all.

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Ford must answer for poor hospital privatization track record over last five years:

New report tracks town-by-town how the privatization scheme has created new inequalities, delays, higher costs and wasted local public hospitals' resources

Ontario-wide – In the Ford government's most recent announcements alone, they redirected $155 million in public funds to private MRI, CT and endoscopy clinics and $125 million to private orthopedic clinics. In a new report released today, the Ontario Health Coalition tracked the specific impacts, town-by-town across Ontario, of the government's choice to direct millions in public funds to private - mostly for-profit - clinics rather than local public hospitals.

Public hospitals are located across Ontario, including throughout rural and northern areas. The private clinics that have been given the large funding contracts by the Ford government are located exclusively in the South and in large urban centres. In fact, many are located near existing public hospitals that have facilities and equipment sitting unused or underused due to underfunding by the provincial government, the Coalition found.

The Ford government has announced their plans for private MRI/endoscopy clinics multiple times since 2023 and have taken years to run a bidding process to invite private corporations to make bids for contracts. Following the bidding process, Ontarians now have to wait while they use public money to develop new private clinics. The same unnecessary delays and use of public money to open redundant facilities is true for the private surgical clinics. Most of the new clinics that have been announced repeatedly over the last five years are still not up and running.

"We made formal information requests of the hospitals across Ontario and found that the majority of Ontario's public hospitals have operating rooms that are closed the majority of the time," said Natalie Mehra, executive director of the health coalition. "We also found significant unused MRI capacity in every single region – that is hours that the MRIs are not used to do scans for patients."

"We asked the hospitals, if their machines and facilities are not being run full time, why not? They told us that they operate for as many hours as they are funded," she added.

Sara Labelle, chairperson of the Hospital Professionals Division of the Ontario Public Service Employees' Union corroborated the hospitals' accounts of the situation and added, "Our MRI technologists know that there are people in their communities waiting six or seven months for their diagnostic imaging and they could provide more but their hospitals do not have the funding to run their MRI suites for more hours."

"The first load-limiting issue is funding," she said. "After that, it is staffing but there are models being used at local hospitals where they are upskilling x-ray technologists, for example, to be able to do MRIs. There are models of public hospitals expanding OR and MRI services where they have the resources to do so. The real problem is funding from the province."

The Coalition's new report tracks funding of public hospitals compared to private clinics since 2021 when Premier Ford first announced the privatization plan. Despite the huge increases in budgets for private clinics, the government has not succeeded in meeting the planned volumes and timelines for their expansion and much of the funding has not been spent.

“The Ford government has made a choice to privatize rather than -- as after the 2004 Health Accord and multiple times since -- simply fund existing public hospitals to increase their volumes of surgeries and MRIs to clear wait list backlogs.”

“Every public interest group out here told the Ford government that the private clinics would simply be poaching from the staff and resources of public hospitals. Now, after five years, it is clear that the private clinics have slowed down addressing wait lists, not sped them up, delaying increased volumes literally for years. The evidence shows that the government used our public money for redundant equipment and facilities. It shows that private clinics have brought in new user fees and extra-billing, queue jumping and other practices that are supposed to be illegal, and yet the Ford government has not fined them nor pulled their licenses. And, the evidence shows that the private clinics have increased geographic inequities in health care services as well as inequities between the wealthy and everyone else in terms of access to care.”

“The Ford government must finally actually be required to answer for this,” concluded Ms. Mehra.