

For Health or Wealth?

The evidence regarding private clinics and user fees in Ontario

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Introduction

In August 2013, a routine mandatory public notice posted on the government's regulations website revealed that a change in the ownership and control of public hospital services in Ontario was being planned. The Ontario government was preparing to introduce two new regulations to cut clinical services from local public hospitals and contract them out to private clinics. In January 2014, the regulations were formally passed and the Ministry of Health issued policy guidelines revealing that it intends to complete contracts by this summer. This new policy would cut clinical services provided under the Public Hospitals Act and transfer them to private clinics under the Independent Health Facilities Act (IHFA).

Ontario's existing private clinics have been controversial due to poor quality of care, patient safety concerns, questionable billing practices and violations of the Canada Health Act. Starting in the 1980s on the urging of Tommy Douglas, known as the father of Public Medicare in Canada, Health Coalitions like the Ontario Health Coalition were set up as non-partisan advocates across the country to uphold the Canada Health Act and prevent its erosion, and to protect patients from extra-billing and user fees. Given the government's intention to significantly expand the private clinic (IHF) sector, the Ontario Health Coalition deemed it timely to take a closer look at increasing patient complaints about extra-billing and user fees in these clinics. Student interns and researchers working with the Coalition called all the existing private clinics in Ontario and recorded our findings. We found a proliferation of user charges and extra-billing of patients practiced by these clinics. This evidence is outlined in this report. The evidence from our research shows that these clinics undermine single-tier health care, increase costs for patients, sell unnecessary procedures to increase profits at the expense of patients, and violate patient trust.

Throughout the month of March 2014, six university student researchers working with Ontario Health Coalition staff called all of the existing private clinics which provide services like those that the Ontario government is proposing to cut from local public hospitals and contract out to private clinics. The researchers found that many of these private clinics are charging OHIP and charging user-fees and extra-billing patients on top. In many cases these extra fees charged to patients constitute outright violations of the Canada Health Act. In addition, clinics are engaging in manipulative practices of co-mingling medically unnecessary procedures with OHIP-covered procedures in an attempt to sidestep the Canada Health Act's prohibitions on user fees and extra-billing. We found examples of huge mark ups, unnecessary add-ons and exorbitant administrative costs levied on patients for access to care. In many cases, clinic staff promoted unnecessary treatments and procedures as medically superior and even medically necessary without any objective disclosure of the evidence about their actual efficacy. Such manipulative practices violate medical ethics. We had done a similar study in 2008, which we shared with the provincial government.¹ Our current findings show that since 2008 the situation has not improved, and in fact, the fees and user charges have increased, are more widespread and the information given to patients is more misleading than ever.

Under Canadian and provincial law, extra-billing and user fees are prohibited. Medically necessary hospital and physician care is covered by OHIP and the Canada Health Act. Patients already pay for these services through their taxes and should not be charged any extra fees for access to them. These provisions are cornerstone to the fairness and equity of Canada's public health care system; embodying the fundamental ethic that patients, regardless of income, should receive medical care based on need not wealth.

¹ "Eroding Public Medicare: The Costs and Consequences of For-Profit Health Care Across Canada" Ontario Health Coalition, October 6, 2008 at: <http://www.web.net/ohc/Eroding%20Public%20Medicare.pdf>

Ontario's Minister of Health is responsible for upholding provincial and national law to protect single-tier Medicare. In recent history, Ontario's Liberal Ministers of Health have taken a clear stand on this issue and have promised not to privatize clinical services from hospitals, though actual enforcement action against private clinics has been inconsistent. However, our evidence shows that the current Minister of Health is not only failing to uphold Ontario's and Canada's Medicare laws, she is now planning to expand the private clinics (IHF's) sector in which many violations of laws protecting single-tier Public Medicare are occurring.

The widespread practice of extra-billing and levying user fees on patients in private clinics shows that the government's plan to cut services from Ontario's local public hospitals and contract them out to private clinics poses a significant risk to single-tier Public Medicare in Ontario. If Public Medicare is to survive this shift of services to private interests, significant new regulations and new oversight, monitoring and enforcement costs are required. None of this work has been done. But even if it were, the evidence shows that clinics have both the motive and opportunity to find ever new ways to co-mingle new user fees with OHIP-covered services and undermine attempts to protect patients. In comparison, Ontario's public hospitals do not, except in very rare instances, engage in the same extra-billing, upselling of unnecessary treatments and add-ons, and manipulative sales tactics that we found in private clinics. Public governance under the Public Hospitals Act is the best way to protect the public interest, control costs and shield patients from extra charges associated with needed medical care.

Methods

The Ontario Ministry of Health and Long-Term Care listing of Independent Health Facilities includes 960 private clinics (Independent Health Facilities) offering various health care services. We condensed this to a list of 133 private clinics that provide the types of services the government will be cutting from local hospitals and contracting out to Independent Health Facilities, including: diagnostic clinics offering MRIs and CTs; eye-surgery clinics offering medically-necessary cataract surgery; endoscopy and colonoscopy clinics; 'boutique' physician clinics that offer an array of diagnostic services and other procedures; and clinics that offer surgeries.² We also included two private hospitals that are governed under the Private Hospitals Act because they provide a similar type of high-volume specialist procedures that the Ontario government wants to contract out to private clinics.

Six researchers called the list of 135 private clinics/hospitals and asked how to get a referral to the service; whether an Ontario health Insurance Plan (OHIP) card was needed; and whether extra fees would be charged. Follow up questions to elicit this information were asked depending on what the employees at the clinics said. The researchers transcribed the interviews as they were being conducted. Ontario Health Coalition staff reviewed the transcripts and excluded all clinics that do not provide the types of services that the government is planning to contract out. Short summaries of the transcribed results are in the section titled "Evidence" starting on page 11.

In addition, the Ontario Health Coalition asked our members to send us patient stories about user fees and extra billing. In most instances, patients were reticent to speak to media about private health care procedures such as colonoscopies and patients who had been charged extra charges by eye surgery clinics did not want to anger their physicians by complaining publicly. In all cases, we checked to see if our findings from calling the clinics matched with the patients' stories about extra fees. In all cases, they did. Some of these patients agreed that we could include their stories in this report. They are included

² We included the transcript of an interview that Ontario Health Coalition executive director had with Kensington Eye Institute in December 2013 when she called them to ask the same list of questions that the researchers asked the other IHFs in March.

under the next section titled “Key Findings”.

Key Findings

User fees and extra-billing

Six researchers working with the Ontario Health Coalition phoned 135 private clinics and hospitals to find out whether they charge patients user fees and extra-bill for services. The researchers found that the majority of the private clinics they talked to charge patients user fees ranging from \$50 - \$3,500 or more. We found that a significant number of the clinics are violating the Canada Health Act and Ontario legislation’s prohibition on user fees, extra-billing and the sale of queue-jumping. These fees and charges varied depending on the type of clinic. We found administrative fees of \$50 levied on patients for nonsensical and unnecessary things such as “a snack” in a colonoscopy clinic and for items that are clearly covered under the Canada Health Act such as keeping patient records. In eye surgery clinics we found all kinds of fees ranging from a \$50 administrative fee to buy a medically unnecessary lens recommended by physicians at the Kensington Eye Institute to thousands of dollars for surgery. We found huge mark ups on tests and procedures, for example \$745 for a colonoscopy, \$1,500 for a cataract surgery and up to \$900 for medically unnecessary lenses. We found that information given to patients is biased towards upselling medically unnecessary tests and procedures, and in many cases is very manipulative. In addition, our researchers found examples of self-referral by physicians for tests and procedures in their own private clinics where they have financial interests and charge extra user fees to patients.

Cataract Surgery Clinics

Almost all of the private clinics that do cataract surgeries outside of hospitals are charging patients an increasing array of out-of-pocket fees. In many of the clinics, staff and physicians recommend medically-unnecessary tests and lenses that they co-mingle with medically necessary (OHIP covered) cataract surgery in order to extra-bill patients. In virtually all cases, the information given to our researchers was not evidence-based and was biased towards making the add-ons and medically unnecessary tests and treatments sound like they are medically significant. Medically-unnecessary lenses for which clinics are charging \$200 - \$900 or more were described as “upgraded” or “power” lenses, while the OHIP covered service was described as “the old way” and it was claimed or implied that the OHIP-covered services was substandard, less medically safe and more medically risky. New fees that did not exist when we called cataract surgery clinics in 2008 have now been added on. On average, the clinics are charging \$100 - \$300 or more for what they call “lens measurement” tests and a variety of other names referring to measuring the eye for the lens implant. Several clinics told our researchers that they would need to pay between \$1,000 and \$1,450 or more for the cataract surgery.

Colonoscopy Clinics

Our researchers found that private colonoscopy clinics are charging “administrative” fees and “block fees” to patients in addition to billing OHIP for the colonoscopy procedures. At the Durham Endo Surgery Centre our researcher was told that she would have to pay a \$50 “administrative” fee for her colonoscopy. When she queried what the fee was for, she was told it covers, “A CD for your doctor, different supplies the physician will need for the procedure, reports to your family physician and a snack.” Such charges are unlawful under the Canada Health Act. Several clinics told us that the physician would talk to the patient about block fees when the patient came into the office. Patients have expressed to us that they find it very awkward and difficult to say no to physicians in these circumstances, and they wonder if they do, will they get worse care? Undoubtedly a direct-ask by the

physician to the patient for a block fee would be the most effective way to get the most patients to pay. The Ontario Health Coalition outlined the problem with these clinics charging block fees in a letter to the Health Minister's policy advisor in early March as follows:

"...there is no reason for a specialty clinic to be charging a block fee at all. Patients do not have an ongoing relationship with these clinics. We have provided evidence – as has the media – that these fees are misused, that patients feel coerced, and that unused portions of block fees are almost never returned to patients even though failure to do so clearly constitutes a violation of the Canada Health Act's prohibition of extra-billing."

There are also fully private surgeries being sold for high cost. At the Medcan Clinic in Toronto, our researcher was told that she would get a referral for a colonoscopy from a Medcan physician which requires a \$895 membership fees or a \$2,595 comprehensive health assessment, then it costs \$745 to use the colonoscopy suite. At the Taunton Surgical Centre, our researcher was told that the doctor would discuss with her an optional \$60 "block fee".

Private Hospitals

Under Ontario's Private Hospitals Act, the only private hospitals allowed in Ontario are those that were grandfathered in when the public hospital system was being formed. We called the private hospitals we could find that offer similar services to those that the government is likely to contract out to specialty clinics. Our transcripts show that the use of user fees in these private hospitals follows the same trend as the private clinics. At the Shouldice Hospital, our researcher was told that she would have to pay for a semi-private room. There are only semi-private rooms so there is no option and the fee is \$250 per night. Since the hospital requires a 3 – 4 night stay, the cost for a hernia surgery at this private hospital is \$750 - \$1,000. At the Centric/Don Mills Surgical Unit, staff would not disclose costs over the phone, but our researcher was told that the doctor would discuss what type of lens she would need and the associated fees with her.

Boutique Physician Clinics

Another type of clinic that co-mingles medically unnecessary services with medically necessary care in order to extra-bill patients is what has become known as "boutique" physician clinics. Generally these clinics package their products as "comprehensive" or "preventive" health assessments for wealthy executives and their fees range from \$2,000 - \$3,500 or more. Without question, these clinics are selling enhanced access to physicians. Many advertise medically necessary care such as a physician consult and emergency consult mixed with an array of unnecessary tests.

These clinics feature physicians that over-serve the wealthy and have a low patient case load. It is a model of care that, were it to spread, would reduce access to physicians for many while over-serving the well-heeled. The clinics refuse to see patients who cannot afford the multi-thousand dollar fees. At La Vie Executive Health Centre our researcher was told that if she paid \$2,000 for a comprehensive health assessment, she would have access to care but when she asked if she could see a physician without paying extra above OHIP she was told that their "roster is full". At Medcan and Regal our researcher was told she could not access a doctor without paying thousands of dollars in membership and other fees.

Self-referral

Physician self-referral is a term that describes the practice of physicians sending patients for tests, surgeries or procedures to their own private clinics or clinics in which they have a financial interest. Such practices are widely criticized as a conflict-of-interest because the self-referring physician benefits

financially from ordering more tests and procedures and has an incentive to order unnecessary tests and procedures. In the United States, the Stark Law bans self-referral for a number of procedures and tests for publicly-insured patients under U.S. Medicare and Medicaid.

During our phone interviews with private clinics, we found several instances of apparent self-referral that raised serious ethical concerns. The financial incentive to self-refer is clear. For an ophthalmologist that works in a hospital, the choice to refer a patient to his or her own private clinic rather than conduct the surgery in the hospital means that they not only charge OHIP approximately \$730³ for the surgery but also they charge patients fees that range from \$100 - \$ 1,400 per eye for unnecessary add-ons in their own private clinics. In another example, Medcan's own physicians refer patients to Medcan's colonoscopy suite where they are charged \$745 for a colonoscopy which is an OHIP-covered procedure in hospitals.

One of our researchers called TLC Laser Eye Center in London Ontario where ophthalmic surgeon Dr. Bruce Nichols works. Dr. Nichols also works in St. Josephs, the local public hospital. When our researcher phoned TLC Laser Eye Center, she was told that for cataract surgery she would need to talk to the physician's office at St. Joseph's Hospital in London and would be referred from there either to TLC (the private clinic) or the hospital for the surgery. She called the doctor's office at the hospital and was told that her surgery would take place at the private clinic. She was not, at that point, given any option. Upon further questioning she found out that the surgery was also available at the hospital without charge but at the clinic it would cost \$1,500 or more per eye. She was given information that made the OHIP-covered surgery sound substandard and more dangerous. She was told that the medically-unnecessary tests and add-ons that cost hundreds of dollars each were medically significant, "better" and showed "improved outcomes". (See transcript of the interview, page 18).

At the Herzig Eye Institute in Toronto, our researcher was initially told that she would need a referral to get her eye surgery. Then she was told that a referral was not really necessary, she could just go to the clinic and have a consultation in order to get surgery for \$1,500. She was told that the clinic was faster than getting service at the hospital and that they ran their own tests and provided a special lens.

At the Medcan Clinic in Toronto, our researcher was told that she could get a referral from a Medcan doctor for the Medcan-owned colonoscopy suite where they sell colonoscopies for \$745.

Patient Experiences

In our interviews, patients expressed confusion about what comprise publicly-insured and uninsured services. Most have no familiarity with these notions, leaving them vulnerable to exploitative fees. The power imbalance in the physician-patient relationship was evident when we asked if the patients – who clearly were not happy at the prospect of being charged user fees for health care – to speak publicly. None of the patients we interviewed were willing to speak to the media about their experiences. This was not a problem of inaccurate stories; we checked out all of their claims by calling the clinics in question directly. They were uncomfortable talking publicly about having private tests like colonoscopies and they were worried about the reaction of the physicians and staff at the private clinics. Despite their fears, the patients agreed that we could tell their stories if we withheld identifying information. The patients' experiences follow here.

A male patient went to a private ophthalmology clinic in Mississauga. He was told his cataract was getting worse and that he should have it operated on. He was told that he should get an extra lens and

³ Ontario Ministry of Health and Long-Term Care, "Schedule of Benefits for Physician Services under the Health Insurance Act" October 1, 2013: Y3.

eye vision correction which would cost \$2,120. He was told the government only pays for one visit and the lens that they pay for is substandard. He told us that he got them down to \$1,020 but he was told for that price he would still need glasses at the end of it. The clinic wanted him to go in and pay four days before the operation. They never mentioned that OHIP covered any of the procedure. He found out from friends that he could go to the hospital and get his operation. He skipped the appointment at the clinic and went to the hospital where his cataract surgery was covered under OHIP. He asked that we not use his name publicly because he may have to go back to the clinic someday. He expressed that he did not understand exactly what the clinic was charging for and what OHIP covered. He felt that the clinic was charging a lot of money.

A man who lives in northern Ontario travelled to North Bay in November and December 2011 to get cataract surgery on both of his eyes. Each surgery cost \$1,100 for a total of \$2,200. Travel costs were covered by the Ontario government travel grant. He said that the physician did not tell him that he had to get the special lens but suggested he needed it. The operation took place in the hospital, but the discussion about the fees took place in the physician's office where he did the consultation. The patient was confused about what was medically necessary and what was not. He expressed concern that OHIP did not cover any of his medical services – but did not realize that OHIP does cover cataract surgery and that the OHIP-covered procedure was all he needed.

A Toronto man went to a private colonoscopy clinic on Brunswick Avenue. He was referred there by a physician at a community health centre. The colonoscopy was covered by OHIP but the physician at the clinic suggested he pay a donation of \$50. He was concerned that he might not get good service if he did not pay the “donation”.

An elderly man had hernia surgery in mid-March at the Shouldice hospital. He has been told that he needs to pay \$1,000.

A middle-aged man from Whitby was referred to the Durham Endo Surgery Centre in Ajax for a colonoscopy. Previously, he had a colonoscopy at the hospital. At the private clinic he was charged a \$50 administration fee. He asked if the fee was covered by OHIP and the employee at the clinic said he had to pay the fee. He did not know that there is no fee for a colonoscopy.

Background

New regulations to cut services from public hospitals and contract them out to private clinics

Ontario's government has passed two new legal regulations to cut clinical services from local public hospitals and contract them out to private clinics. The regulations enable the government's regional health authorities- the Local Health Integration Networks (LHINs) – and the public cancer care agency – Cancer Care Ontario (CCO) – to cut clinical services from local public hospitals and contract them out to private clinics, known as Independent Health Facilities (IHF). According to Ontario's Auditor General, more than 97% of IHFs are for-profit. The Ministry of Health has issued policy guidelines to Local Health Integration Networks (LHINs) and requests for applications have gone out. The deadlines for applications are in April and the government is planning to issue contracts by mid-summer.

The decision to change the ownership and governance of public hospital services has not been subject to the democratic processes of the Ontario Legislature. The government passed this change as a regulatory change, requiring only cabinet approval. There have been no public hearings, no legislation and no debate in the Ontario Legislature over this transfer of ownership and control of Ontario's local public hospital services.

Differences between public hospitals and private clinics

There are significant differences between public hospitals and private clinics. Public hospitals are governed by Boards of Directors under the Public Hospitals Act and the Non-Profit Corporations Act. They have a comprehensive regulatory regime, including: Medical Advisory Committees; Nursing Advisory Committees; quality of care committees that review medical errors and accidents; continuous quality improvement monitoring; public disclosure requirements under the Public Hospitals Act, the Quality of Care Act, and the Freedom of Information and Protection of Privacy Act, and; mandatory accreditation. Though the Ontario Health Coalition has advocated for more transparency, better public access to information and improved responsiveness to patients, the quality and governance regimes for hospitals are far more robust than those for private clinics.

In fact, private clinics under the Independent Health Facilities Act have almost none of these requirements. More than 97% are privately owned and operated without public governance. Even the non-profit Kensington Eye Institute has a closed membership that includes less than ten people, most of whom, according to clinic staff, are former Board Members. Members are appointed by the Board of Directors and who then appoint the Board. Kensington does not allow the public to attend their Annual General Meeting. They will not disclose their financial statements. In general, private clinics have much less oversight for quality, safety and care practices. They do not have the medical, nursing and quality committees of hospitals. They are required to have a Medical Advisor, but the regulations allow clinic owners to be their own medical advisors, an obvious conflict-of-interest that renders this regulation meaningless. They have a recently-imposed inspection regime under the College of Physicians and Surgeons, and different clinics have different types of inspections under the Ministry of Health and the Healing Arts Radiation Protection Act. The Ontario Auditor General reviewed the oversight, monitoring and enforcement regimes of these clinics in 2012. He found poor tracking and inspections. He also found that the Ministry of Health had taken no action on evidence of questionable billing practices in a significant proportion of the clinics.⁴

⁴ Ontario Auditor General "Annual Report 2012" Chapter 3.

The prohibition of extra-billing and user fees: the Canada Health Act and Ontario law

The Canada Health Act is federal legislation enacted in 1984, which sets out the conditions for Canada's public health care system. The Act was precipitated in part by Justice Emmett Hall's report reviewing health services in Canada, in which he found that user charges and extra billing threatened the ability of the system to provide accessible health care to all eligible residents. Under the Act, all Canadians are to receive medically necessary hospital and physician care on equal terms and conditions without extra-billing and user fees.

In order to qualify for the complete federal transfer of funds for health care, provinces and territories must meet the five criteria regarding publicly-insured health services, two conditions regarding insured and extended health services, and provisions and regulations concerning user charges and extra billing of insured health services. The five principles of public administration, comprehensiveness, universality, portability, and accessibility are enshrined in the Act. The provinces and territories are required to provide estimates at the beginning of every fiscal year of these user fees and extra-billing of publicly-insured residents. Their federal cash transfer is reduced accordingly. The Act states that if user charges or extra billing are found to be present in a province or territory, there must be a mandatory deduction from the federal cash transfer, the amount of which is to be decided by the federal Minister of Health. The mandatory deduction should at least meet the amount extra-billed to insured patients. The federal Minister of Health may base his or her decision of the amount on information received from the province or territory (as stipulated in the Extra-Billing and User Charges Information regulations) or if inadequate information is provided, the Minister may make an estimate of the amount paid by insured Canadians. There are also discretionary penalties based on how serious the non-compliance is perceived to be by the federal Minister, but before penalties may be issued, there must be a consultation process with the province or territory.

In 1995, federal Minister of Health, Diane Marleau expressed to provincial and territorial ministers that private clinics were akin to hospitals in the federal interpretation of the Act, and as such provincial and territorial governments were responsible for paying facility fees to clinics providing insured services (so these fees could not be charged to insured patients).

Extra billing is defined as billing by a medical practitioner or dentist to an insured person for an insured health service that is an addition to what is paid to the provincial or territorial health care insurance plan. A user charge is any charge that is not extra billing for an insured health service. Insured health services refer to physician services, hospital services, and surgical-dental services that are described under the Act (and described in greater detail under each province's health insurance plan) to be medically necessary. In Ontario, the public understands these services as OHIP-covered services.

Ontario's Health Insurance Act covers hospital and physician services including but not limited to "laboratory, radiological and other diagnostic procedures together with the necessary interpretations for the purpose of maintaining health, preventing disease and assisting in the diagnosis and treatment of any injury, illness or disability." Within Ontario, the Commitment to the Future of Medicare Act (CFMA) protects access to insured services by prohibiting extra fees for these services, including any payment that provides preferred access to an insured service. The Ministry of Health and Long Term Care is responsible for investigating potential violations of the CFMA, ensuring the insured patient is repaid if issued a user charge or extra-billed, and communicating with the Minister of Health and Long Term Care, who is responsible for OHIP's overall operation and administration and serves as the liaison to the federal Minister when it comes to matters of the Canada Health Act.

Conclusion

The Ontario government's plan to change the ownership, governance and control regimes for clinical services from public hospitals to private clinics has long-term implications for equity and access to care. There are improvements that could be made, but public hospitals operate under public governance regimes that have protected the public interest in key aspects. Quality of care and access to information regimes, though they could be significantly better, are still far superior in public hospitals than in private clinics. Importantly, as this report shows, public hospitals uphold the equity of our single-tier public medicare system and control costs for patients, while private clinics pose a significant threat to these. Beyond the scope of this paper, there are other significant issues such as the negative impact of private clinics as they take scarce human resources and funding out of the hospital system, and the impact on patient travel distances and costs of centralizing high volumes of procedures into specialty centres.

The Minister of Health has the power to more effectively monitor and curtail the extra-billing and user fees that are proliferating in the existing private clinics in Ontario. This will be a continual challenge as clinics adapt to new regulations and oversight and find ways to circumvent the Canada Health Act and Ontario legislation to increase their revenues and their profits. Regardless, the Minister has an obligation to set a much less tolerant tone than she has done to date, and can much more effectively use the resources of her Ministry to take action against the clinics that are violating medical ethics and undermining Public Medicare. Given the evidence, expanding the private clinics sector will worsen the problem of regulating, monitoring and enforcing the prohibition on extra-billing and user fees.

The Ontario government has the ability to set up specialty centres under its existing public hospitals. It has never answered as to why it has chosen instead to transfer ownership and control of clinical services to private clinics. This decision has profound implications for quality of care and equity. Given the lack of proper regulation, oversight, monitoring and enforcement; and given the evidence of extra-billing, user fees, high-costs, misinformation and "upselling" to increase profits at the expense of patients; the government should reconsider its proposal to transfer the ownership of vital health care services to these providers and should instead ensure that health reform happens only under of the Public Hospitals Act.

Evidence

Results of Telephone Interviews with Independent Health Facilities, Private Clinics and Private Hospitals

March 2014

Eye Surgery Clinics

Kensington Eye Institute

Toronto

Services: cataract surgery

Referral needed: “we have a roster of 50 doctors that can give you a referral” – relationship between referring physicians and Kensington Eye Institute unclear.

OHIP card needed: yes

Extra charges: yes, for the assessment, an enhanced lens and administrative fee

Ottawa Eye Associates

Ottawa

Services: eye surgery

Referral needed: yes

OHIP card needed: yes

Extra charges: \$190 plus \$200 - \$500 for tests and “upgraded lens”, and \$1000 to jump the queue.

Description of the services subject to extra charges: “upgraded lens”, “better lenses”

Q: Apart from bringing your OHIP card, do you charge any other fees?

A: Measurements would have to be taken for your lens size. Those measurements could cost depending on what you decide. There’s an A scan that gives you measurements for the lens that is covered by OHIP and then there’s a test called the IOL Master that’s a private exam which costs \$190. They both tell you what size lens would go in the eye, but there are also choices in lenses now, so you can upgrade your lens and pay by yourself or you can go for the standard lens that is covered by OHIP. So it is possible to not have very many fees if you opt for the standard stuff that OHIP offers, but if you do decide to upgrade and have better lenses implanted then you come into higher costs.

Q: How much do upgraded lenses cost usually?

A: They’re anywhere between \$200 and \$500 for one eye, depending on what type of lens you pick.

Q: When are you booking surgeries for?

A: Six months until the surgery. It depends though, some doctors will do it privately, so if patients want to move up and have it quicker they can do it at a clinic where it’s privately billed. Some doctors also work at the General, and some patients opt to go to the General because the waiting lists aren’t as long.

Q: How much would it cost to do it privately?

A: Not sure, but I think \$1,000 per eye, I would have to check.

Dr. Cynthia Bullen Kesty

North Bay

Services: eye surgery

Referral needed: yes

OHIP card needed: yes

Extra charges: \$200 for measurement plus \$200 for HRT scan

Description of the services subject to user charges: the “upgraded” lens was described as optional but the measurement and HRT scan for which the clinic charges patients were not.

Q: Do you offer cataract surgery?

A: Yes, we do.

Q: How can I get an appointment?

A: You need a referral from your family doctor or your optometrist.

Q: How long are the wait times?

A: We book the consultation four months after receiving the referral.

Q: What about the surgery?

A: Usually two weeks within the consultation.

Q: I know OHIP covers the surgery but are there any other additional fees/charges?

A: There’s a fee for the measurement which is \$200 per eye, which is not covered by OHIP. And if the doctor requests a HRT scan, then that too, which costs \$200.

Q: I know some places offer upgraded lenses, do you as well?

A: We do offer that but it’s optional. The measurements are required but these upgraded lenses are optional.

Dr. Jon Spencer

North Bay

Services: eye surgery

OHIP card needed: yes

Extra charges: \$100 per eye.

Q: Are there any extra fees for the surgery?

A: Yes, the measurements for the implants that are not covered by OHIP.

Q: How much would those cost?

A: \$100 per eye.

Custom Vision & Cosmetic Centre

Oshawa

Services: eye surgery

Referral needed: yes

OHIP card needed yes

Extra charges: \$250 for both eyes

Description of the services subject to user charges: “enhanced” measurements

Q: Are there any other costs for the surgery?

A: The surgery cost is covered by OHIP but there are enhanced measurements that can be taken for \$250 for both eyes, but these are optional.

Ottawa Eye Clinic

Ottawa

Services: eye surgery

Referral needed: yes

OHIP card needed: yes

Extra charges: \$300 for tests, \$300 - \$500 per eye for “premium” lenses

Q: Are there any other extra fees?

A: The basic surgery is covered by OHIP but there is the option of getting a premium lens which gives better night vision and better correction for stigmatism. These premium lenses require two additional tests for \$300, and the lenses themselves cost between \$300 to \$500 per eye.

Eye MD Institute

Brampton

Services: eye surgery

Referral needed: yes

OHIP card needed: yes

Extra charges: \$150 per eye for tests plus “upgraded” lenses, plus possible private-pay surgery

Description of the services subject to user charges:

A: There are some upgraded tests that are not covered by OHIP.

Q: Are these tests standard or optional?

A: They are optional. Standard tests that are covered by OHIP are also available.

Q: Do you know how much the upgraded tests cost roughly?

A: \$150 per eye.

Q: What’s the difference between the standard and upgraded testing?

A: Upgraded tests allow more accurate way of testing for the intraocular lens we would put in the eye.

Q: Do you also offer upgraded lens?

A: Yes, those would also cost extra.

Q: Do you know how much those cost?

A: No.

Q: Is there any way for me to pay privately to be bumped up the wait list?

A: Depends on which doctor you see because some doctors work at private clinics and some don’t. Doctors who work at private clinics can get you in faster.

Q: Do any of your doctors perform cataract surgery privately?

A: Yes.

Q: And if they are doing the surgery privately do you still need my OHIP card?

A: Yes. It’s just that you would need to pay the private clinics.

Q: Do you happen to know how much it costs?

A: Anywhere between \$200 to \$900 per eye just for the lens, and then the measurements costs would be different.

Dr. Robert H. Singer

Burlington

Services: eye surgery

Referral needed: yes

OHIP card needed: \$225 for two eyes for measurements.

Extra fees: yes

Q: Are there any other fees?

A: Yes but we discuss that in the consultation because there are different types of measurements that are and are not covered from OHIP, depending on what you choose.

Q: How much do the measurements that are not covered by OHIP cost roughly?

A: \$225 for two eyes.

Dr. Delan Jinapriya

Kingston

Services: eye surgery

Referral needed: yes

OHIP card needed: yes

Extra fees: \$100 per eye mandatory measurement fee. Lens fee \$125 per eye plus.

Q: Are there any other fees with the surgery?

A: The measurement for the lenses is \$100 per eye and if you decide to go with a specialty lens that's an additional cost as well but there are standard OHIP-covered lenses too. So regardless, you would have to pay the measurement fees but the lens fee is optional.

Q: Roughly how much would the lens fee be?

A: \$125 per lens for the cheapest ones, and then from there the smaller lenses become more expensive.

Hugh G. Jellie

Kitchener

Services: eye surgery

Referral needed: yes

OHIP card needed: yes

Extra charges: \$100 for laser-measurement, additional charges for "upgraded" lenses

Description of the services subject to user charges: OHIP method termed "old method"

Q: Are there any extra fees for cataract surgery?

A: Cataract surgery and the appointments associated with it are all OHIP-covered but there is a new laser-measurement test that allows us to measure the lens of the eye that costs \$100 per eye. There is also an old method by ultrasound which is OHIP-covered, so it depends on which method of measurement you choose.

Q: Do you also offer upgraded lenses?

A: Yes but the doctor will determine if those are required or not.

Q: What is the price range for these upgraded lenses?

A: Couple of hundred dollars.

Credit Valley Eye Care

3200 Erin Mills Pky, Mississauga, ON, L5L 1W8

Services: ophthalmologist, eye surgery

Referral needed: yes

OHIP card needed: yes

Extra-charges: yes, would not specify costs

A: We cannot say if there are extra charges, unless we see a referral. If the doctor requests additional or specific tests so he could have specific details, then patients could be charged.

Q: When would I find out if I need additional tests?

A: The additional testing required will be discussed with patients and the patients will be aware if they need it or not. Ultimately it is the patient's choice. They can decline and the doctor will continue with the treatments that are covered by OHIP.

North Toronto Eye Care

2115 Finch Avenue West Suit 407, Downsview, ON M3N 2V6

Services: ophthalmologist ultrasound

Referral needed: yes

OHIP card needed: yes

Extra charges: \$100 - \$250

Q: Would there be any tests that would be done before the procedure?

A: 2 tests are done

Q: Are they not covered by OHIP?

A: They are not covered by OHIP. But the consultation is covered.

Q: How much are these tests?

A: One cost \$150 for pentacam; and \$100 for an OPD test for a total of \$250

Q: Are these necessary tests to get done?

A: If the ophthalmologist who is doing the surgery thinks these tests are necessary, then we do the tests.

Q: Do you do these tests for every patient?

A: We do these tests for almost all the patients.

Jarvis-Smythe Ophthalmologist

2917 Bloor Street West, Suite 8- Kingsway Medical Centre, Etobicoke, ON

Services: ophthalmologic ultrasound

Referral needed: yes

OHIP card needed: yes

Q: Would I come in for a consultation first, and have additional testing done?

A: Yes.

Q: Is that covered by OHIP?

A: Yes, the consultation and testing is covered by OHIP.

Q: Is the cataract surgery also covered?

A: Yes.

Q: Does the cataract surgery take place at the clinic?

A: The doctor who works at the clinic does the surgery, but the surgery and ultrasound are done at the hospital and not at the clinic.

Q: So there would be no additional fees? Everything will be covered by OHIP?

A: There are no fees, and everything is covered.

Dr. Orset W. Kkrypuch

Brantford

Services: eye surgery

Referral needed: yes

OHIP card needed: yes

Q: Can I pay for it?

A: No, we're not allowed to do that at the hospital.

Q: Do you do your surgeries at the hospital?

A: Yes.

Thomsen Medicine Professional Corporation

Brantford

Services: cataract surgery and corneal transplants

Referral: yes

OHIP card needed: yes

Extra charges: no

Mark V. Neufeld Medicine Professional Corporation

Guelph

Services: eye surgery

Referral needed: yes

OHIP card needed: yes

Extra fees: \$200 for laser measurement.

Description of services subject to extra fees: laser measurement is "more accurate".

Q. Are there any other fees?

A. Not unless you get a laser measurement it's an extra \$200 but it's optional. We do ultrasound measurements, however some people prefer to have a laser measurement because it is more accurate.

Dr. David M. Anderson

Cambridge

Services: eye surgery

Referral needed: yes

OHIP card needed: yes

Extra fees: no

Bochner Eye Institute

Scarborough

Services: cataract consultation; Lasik surgery

Referral needed: yes

OHIP card needed: yes

Extra fees: \$3,500 + per eye

Q. Do I have to bring my OHIP card or can I just pay for it?

A. Yes you have to bring your OHIP card because the consultation is covered. But the implant lens is what costs money.

Q. How much?

A. \$3,500 and up per eye. There is a basic lens that OHIP covers, but because of new

technology and design you can pay to get the better lens.

Q. Is that recommended?

A. Yes, the doctor will go through the options based on your lifestyle.

TLC Laser Eye Center

London

Services: provides cataract and Lasik surgery

Referral needed: no

OHIP card needed: yes

Extra charges: wouldn't say

Q: Hi, I am just calling to find out some information about eye surgery. How would I be able to access the service?

A: First you will need to come in for a consultation.

Q: Would I need a referral from my doctor?

A: No referral from your doctor is needed

Q: Would the tests that will take place during the consultation cost anything?

A: The tests are free, but you would have to pay for the Lasik surgery.

Q: How much would the surgery cost?

A: You would first need to go to the consultation because the doctors' deal with the pricing as there might be a promotion.

Q: Would you know the average price of the surgery that you charge?

A: You would need to speak to the doctors.

Q: How about for cataract surgery, would the same process apply?

A: No, for cataract surgery you would need to contact Dr. Nichols' office at St. Joseph's Hospital. They deal with cataracts and they would let you know whether to operate at the hospital or at the clinic, but you would first need to call them to find out more about it.

The researcher then called the doctor's office at the hospital as follows:

Dr. Nichol's office at St. Joseph's Hospital, London

Q: Calling to find out more information about cataract surgery. Do you specialize in cataract surgery?

A: Yes we do. It depends on what you are looking to get done. We have different surgical options and methods which would require different lens. When you come for a consultation, we would be able to determine the types of lens and surgery you would require.

Q: Would I first need a referral before I can get the test done?

A: First get a referral before anything.

Q: Where would the surgery take place? Would it take place at St. Joseph's Hospital?

A: The surgery would take place at TLC Laser Eye Centre.

Q: Would it be different if I got it done at the hospital (St. Joseph's)?

A: It would be. At the TLC, you would be able to get better outcomes as there is more diagnostic testing and more preventative tests that can take place after you get the cataract surgery. At the hospital you are just getting the standard medically necessary procedure that would be covered by OHIP.

Q: At the clinic it would be a better option?

A: Yes because there are more tests that are done and better outcomes.

Q: How much would the surgery at the clinic cost?

A: There are different surgical options but on average it costs \$1500/eye and it goes up from there.

Q: Would there be additional fees?

A: Depends on what is needed.

Cataract MD/Lasik MD

Mississauga

Services: cataract Surgery

Referral needed: yes

OHIP card needed: yes

Extra charges: \$2,390 - \$3,490 per eye.

Q: Would the test I need to get done be free?

A: The test that you would need would be free.

Q: Would it cost anything to get the cataract surgery done?

A: Do you live in Ontario?

Q: Yes.

A: The two places where the surgery takes place is in Mississauga and Ottawa.

Q: How much would the surgery cost?

A: On average we charge \$2,390-3,490 per eye. We also correct your vision during the consultation, all at the same time.

Q: So the surgery would not be covered by OHIP?

A: Nothing is covered by the public health care system because this is a private clinic. But we charge no tax.

Herzig Eye Institute

Toronto

Services: cataract surgery

Referral needed: no

OHIP card needed: yes

Extra charges: approx. \$1,500

Description of services subject to extra charges: faster, "special" lens.

Q: Do you do cataract surgery?

A: Yes.

Q: Would I need a referral?

A: You would need to first get a referral for your family doctor/optometrist

Q: What if I do not have a family doctor or optometrist?

A: That is okay, you don't need one.

Q: Would I be able to just book a consultation?

A: Yes, you do not really need a referral.

Q: Okay, and would I need to first come for a consultation?

A: Yes, you would come to a consultation that is free and approximately 3 hours.

Q: Would the tests that take place during the consultation be covered by OHIP?

A: Yes, those tests would be covered by OHIP

Q: Would the cataract surgery also be covered?

A: You would have to pay approximately \$1,500 for the surgery.

Q: Oh okay, so I would be able to get the service quicker if I paid the \$1,500?

A: Yes it would be faster, because our services are different than in the hospital.

Q: How is it different than the hospital?

A: At our clinic, we have special lens and we run our own tests.

Osler Eye Care

Brampton

Services: cataract surgery

Referral needed: yes

OHIP card needed: Our first researcher who called was told yes but when we called back to clarify whether or not this clinic is selling surgeries to OHIP-covered residents our researcher was told that she does not need an OHIP card if they do the procedure in the private clinic.

Extra charges: \$3,000 - \$5,000

Q: I'm wondering if you offer cataract surgery?

A: We do, to get a consultation you would have to get a referral from your family doctor and have it faxed in which would be reviewed and then we get back to you with an appointment time.

Q: Is there a way to do it without a referral?

A: No, you would need a referral. You could get the referral from a walk-in clinic if you don't have a family doctor but you would need to get it somehow since this is a referral-based clinic.

Q: Would I also need an OHIP card?

A: Yes, but you could pay if you don't have an OHIP card.

Q: How much would you charge for that?

A: To see one of the surgeon specialists, it would be \$300.

Q: And how much for the actual surgery?

A: The surgeons would discuss that with you.

Q: Can you give me a rough estimate now?

A: \$3000 to \$9000, it depends.

Q: Does that cover everything? Is there any other fees?

A: Yes it covers everything, no others fees are required.

Q: But that's only if I don't have an OHIP card right?

A: Yes that's right.

2nd call by researcher:

Q. Can I pay for the surgery even though I have OHIP. I just want to get it faster.

A. Our doctors will do private surgery but they do it from another clinic. You get the referral here and the doctors will transfer you over to the other clinic.

Q. How much does it cost?

A. The doctor will tell you how much it costs. They will discuss the testing that is needed and all that information. The price range is \$3,000 - \$5,000 or more, it's all determined by a doctor, depends on how advanced the cataracts are. Dr. Varma is booking now. He works out of the TLC clinic.

Q. Do I just go straight to TLC?

A. I don't know, you have to call TLC (gave the phone number of the TLC clinic in Mississauga).

The researcher then called the TLC clinic in Mississauga below:

TLC Clinic

Mississauga

Q. I spoke with a woman at the Osler Clinic and the woman there mentioned that I could pay and get cataract surgery done faster. Do I need to go through them with the referral or can I just book an appointment directly with TLC? She mentioned that Dr. Varma is taking patients.

A. Yes, have you seen Dr. Varma before?

Q. No I haven't. How much would it cost for the procedure?

A. You will pay between \$1,500 and \$3,000 per eye.

Q. Do I go to Osler or how do I get this?

A. You will have to get the referral sent to their office [Osler] and on the referral you can indicate that you want "TLC immediately" and they will forward that to us.

MRI Clinics

Lifelabs

300 Harwood Avenue South, Ajax, ON, L1S 2J1

Services: MRI

Referral needed: yes

OHIP card needed: yes

Extra charges: no

KMH Cardiology & Diagnostic Centres Inc.

Kitchener

Services: MRI and an array of other diagnostic tests

Referral needed: yes

OHIP card needed: yes but the clinic also sells MRIs that are not covered by OHIP (medically unnecessary)

Extra charges: the clinic sells MRIs that are not covered by OHIP (medically unnecessary)

Kingston MRI

Kingston

Services: MRI

Referral needed: yes

OHIP card needed: yes

Extra charges: no

Q: Are there any user fees attached to this process?

A: It is covered by OHIP you cannot pay for an MRI scan in the province of Ontario if you're a permanent resident.

KMH Cardiology and Diagnostic Centre

Mississauga

Services: MRI and other diagnostics

Referral needed: yes

OHIP card needed: yes

Extra charges: no.

MyHealth Centre

London

Services: physiotherapy, CT and MRI

Referral needed: yes

OHIP card needed: yes

Extra charges: no

Colonoscopy/Endoscopy Clinics

Durham Endo Surgery Centre

Ajax

Services: colonoscopies

Referral needed: yes

OHIP card needed: yes

Extra charges: \$50" administration" fee

Q: Would there be any additional fees?

A: There is a \$50 administration fee that you would be given a receipt for that you can bring to your insurance company.

Q: What would the \$50 cover?

A: It includes a CD for your doctor, different supplies the physician will need for the procedure, reports for your family physician and a snack.

Cleveland Clinic Canada

Toronto

Services: colonoscopy

Referral: yes

OHIP: yes

Extra charges: OHIP covers the colonoscopy. We do have a block fee that is \$250 that is optional and it covers things that OHIP doesn't cover.

The Medcan Clinic

Toronto

Services: range of services, also colonoscopies

Referral needed: Need to see MedCan doctor to be referred to colonoscopy suite.

OHIP card needed: yes.

Additional fees: Either \$895 annual membership fee, or \$2,595 standard initial comprehensive health assessment. Then \$745 to use colonoscopy suite.

Taunton Surgical Centre

Services: range of services, also colonoscopies and endoscopies

Referral needed: yes

OHIP card needed: yes

Extra charges: our researcher called about a colonoscopy. She asked if there are other fees. The employee at the clinic informed her that they requested a block fee which the doctor will discuss at the appointment when he sees you. It is \$60 for one year.

Private Hospitals

Shouldice Hospital

Thornhill

Services: hernia operations

Referral: Apparently there is self-referral: this is what the hospital told our researchers: “It is best to have a referral because you can go straight to a surgeon. If don’t have a referral, it’s okay, but you will probably need to see a GP first.”

OHIP card needed: yes

Extra charges: \$250 per day for 3 – 4 days = approx.. \$1,000

Q: Would there be any additional costs?

A: There is a cost for semi-private rooms and they only have semi-private rooms; \$250 per day; keep you for 3-4 days.

Q: Is there a difference if it is done at your hospital compared to at a general hospital/why need to stay 3 – 4 days?

A: The reason was because procedure is different and don’t use “mesh” that is regularly used in hospital procedures. Mesh is very uncomfortable for patients and they use something different, therefore the recovery time is longer.

Centric Health/Don Mills Surgical Unit

Toronto

Services: surgeries, including cataracts

Referral needed: yes

OHIP card needed: yes

Extra charges: “depends what the ophthalmologist what they see on your eyes, what lens will work for your eyes”

Additional Fees: If you need upgraded lenses, there is an upcharge (would not disclose how much upcharge would be without a consultation).

“Boutique” Physician Clinics

La Vie Executive Health Centre

Ottawa

Services: Physicians, comprehensive health assessments

Referral needed: no

OHIP card needed: yes for some services

Extra charges: \$2,000+: \$2000 for comprehensive health assessment; concierge services: \$125/month or \$250/month for husbands, wives, children under 25 years.

Q: I was just calling to find out some information about your comprehensive health assessment. How much would it cost?

A: The comprehensive health assessment would cost \$2000

Q: Would I be able to make an appointment to see a doctor?

A: No, our roaster is full.

Q: How would I be able to make an appointment?

A: We don’t have direct access to a family doctor at the clinic; you can only access a doctor from undergoing a comprehensive health assessment.

Q: But I would first have to pay the cost of a comprehensive assessment before I would be able to see a doctor?

A: Yes.

Q: Would any tests done during the comprehensive assessment be covered by OHIP?

A: We divert blood work, but for digital imaging we bill OHIP for those services.

Q: Are there any extra costs that I would have to pay to access other services?

A: There is concierge services, where there are unlimited access to the clinic, emergency treatment within 24 hours, and prescription over the phone, etc.

Q: How much would this cost?

A: All for \$125/month and for husbands, wives, and children under the age of 25 years old it cost \$250/month

Scienta Health Centre

North York

Services: Physicians, preventative medicine

OHIP card needed: no

Extra charges: yes – would not say how much

Q: I am just calling to find out about your clinic and the executive health program. Is it covered by OHIP?

A: Nothing is covered by OHIP.

Q: Okay, so I would pay out of pocket for the services?

A: If you have money, you pay for it, nothing is covered under OHIP.

Regal Health Services

Toronto

Services: physicians, comprehensive health assessment

Referral needed: no

OHIP card needed: OHIP may cover parts of the comprehensive health assessment, including blood work and imaging.

Extra charges: \$3,300 annual fee

Q: Do I have to pay the fee to see the doctor or can I use my OHIP card?

A: You have to pay the fee because we're a private clinic.

The Medcan Clinic

Toronto

Services: physicians, comprehensive health assessments.

Referral needed: no

Extra fees: \$2,595 per month plus

What happened when called?

Q: I'm calling to find out information about the comprehensive health assessment at your clinic. What does it include?

A: The comprehensive health assessment is the main service. It is for 5 hrs and it takes place within that time, they do all the blood work you need, 12-15 diagnostic tests, and you get same day results.

Q: How much would this cost?

A: It is all for \$2,595/month, this is tax deductible.

Q: Would there be any additional prices I would have to pay after the \$2595/month for the

assessment?

A: After the comprehensive health assessment depending on our need, we might have to pay \$495 dollars, if we want to follow up with a family doctor at their clinic.

Q: And would you know approximately how much everything would cost in total?

A: The entire cost would come up to \$3,100

A second researcher called to clarify whether or not it is possible to see a doctor at this clinic without being subjected to extra fees:

Q. Can I see a doctor without paying? Can I get it covered by OHIP?

A. No, you are paying the fee for our services and support, this is a private clinic.