



STAFF PHOTO/MIKE BARRETT

After waiting five weeks for an MRI with no word on when a scan would be available, Diane Ingersoll and her husband, Tom, drove to a private clinic in Amherst, N.Y. Mrs. Ingersoll paid \$875 US for two MRIs that revealed a fractured vertebrae and shoulder impingement.

Long waits, unavailable procedures and poor physician access are driving record numbers of Ontarians to seek treatment south of the border and, sometimes, overseas.

Metroland's special report, Cross-Border Care, shows:

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A 450-per-cent increase in OHIP approvals for out-of-country care since the beginning of this decade, a period of explosive growth in new technologies and therapies not covered or available here.

The province agreed to fund 2,110 procedures or treatments in 2001 and 11,775 last year.

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Patient demand has created a new breed of health system navigators, known as medical brokers, who find U.S. options for the growing number of Ontario patients who elect to pay for medical services south of the border themselves.

Medical brokers negotiate discount rates with U.S. centres to get Ontarians faster diagnostics, second opinions and surgery.

Brokers say that for every patient sent south by the Ontario government, there may be up to 10 others who go — and pay — on their own.

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Ontario's spending on out-of-Canada medical services has tripled in the past five years. Payments in 2010 will balloon to \$164.3 million, from \$56.3 million in 2005.

The province said in last month's economic forecast it needs to increase health spending by \$700 million to cover "higher than anticipated" OHIP costs, including services outside the province.

While out-of-country spending is a small part of the \$11 billion OHIP pays for all

**'I don't want to bad-mouth our system, but until you're in the midst of something like this, you don't realize the limitations.'**

**Diane Ingersoll**  
MRI patient

patient services a year, the increase is significant, Ontario's health minister says.

"Are we looking at ways to reduce out-of-country? Absolutely, yes," said Deb Matthews, who became health minister last month.

Ms Matthews says her ministry is taking steps to improve services and access across Ontario so fewer patients will need to go to the U.S. At the same time, though, the Ministry of Health and Long-Term Care continues to negotiate preferred rates for Ontario patient visits to U.S. health centres, the Metroland investigation shows.

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Ontario has become a major contractor — a bulk buyer — of American health services this year.

Since spring, the ministry has entered into funding contracts with U.S. hospitals, imaging clinics and residential treatment centres.

It has "preferred provider" contracts in place with about 40 American medical providers now — and is accepting solicitations from others.

Contracts cover diagnostics, cancer care, bariatrics and adolescent behavioural disorders.

The ministry says the agreements ensure "more immediate services for patients whose health is at risk".

It has declined to release details of any of the agreements.

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The province does not track the number of Ontarians crossing the border for care on their own, never seeking government pre-approval or reimbursement.

But major U.S. medical centres contacted by Metroland, including Detroit's Henry Ford Health System and the Mayo Clinic, say both government-funded and private-pay patient lists are growing.

The Mayo Clinic, which sees about 600 Ontario patients a year, says top reasons include wait times and diagnostic evaluations "when they've exhausted options in Canada", said Mariana Iglesias of the Minnesota-based clinic.

OHIP's pre-approved funding program for out-of-country care is supposed to fill gaps in health care for high-risk Ontarians.

But patients who use the system express repeated concerns about the time it takes to get OHIP approval and to appeal if refused.

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Ontario continues to struggle with wait times. This month, almost 140,000 people are on wait lists just for CT scans and MRIs.

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Wait-time insurance policies have emerged as the industry caught on to public angst.

While no industry figures exist to indicate the level of consumer take-up of the coverage, plans are available to reimburse costs of private treatment when policyholders are forced to wait more than 45 days.

The out-of-country care system last came to wide public attention when an investiga-

tion by the Ontario Ombudsman prompted the Health Ministry to order an independent review two years ago.

That three-month appraisal — led by Mary Catherine Lindberg, a former assistant deputy minister of health — identified some weaknesses that could undermine the ability of doctors and patients to get needed out-of-country care.

Ms Lindberg's 2007 review followed Ombudsman André Marin's investigation into the case of Suzanne Aucoin of St. Catharines.

Ms Aucoin, who died in 2007, was denied funding for the chemotherapy drug Erbitux, but was later reimbursed more than \$75,000 and given an apology by the province.

Mr. Marin said the out-of-country system is so confusing, "it's as if they hand a dying cancer patient a Rubik's cube and they've got to figure it out themselves. It's a real cruel game."

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The Metroland investigation has also found: The health services appeal and review board, the independent body set up to hear a wide range of health-related appeals, does not track or report on how many of the cases it reviews involve OHIP refusals for out-of-country care. It also has not made public an annual report in almost four years.

An official of the board said its only legal obligation is to file annually to the ministry and has done so.

There is no indication why the reports have not been issued publicly — as they were from 2001 to 2006.

Patients say they face long waits for appeal hearings before the board when OHIP refuses to pay. The board says the average wait for a hearing is about seven months, then three months for a decision.

## WAIT TIME SNAPSHOT

Ministry of Health figures show the number of people on official wait lists, on Nov. 1:

- ▶ MRI scans: 74,867
- ▶ CT scans: 61,506
- ▶ Cancer surgery: 5,086
- ▶ Hip replacement: 3,890
- ▶ Knee replacement: 8,684

▶ MRIs and CT scans have been among the most-requested U.S. procedures for years — due to long Ontario wait times and proximity to U.S. border-city clinics.

## LINKS

**Ontario Wait Times:** [www.ontariowaittimes.com](http://www.ontariowaittimes.com)

**OHIP pre-approval:** [www.health.gov.on.ca/english/public/program/ohip/outofcountry/prior\\_approval.html](http://www.health.gov.on.ca/english/public/program/ohip/outofcountry/prior_approval.html)

**Health Services Appeal and Review Board:** [www.hsarb.on.ca](http://www.hsarb.on.ca)

**Ontario Health Quality Council:** [www.ohqc.ca](http://www.ohqc.ca)