

## US hospitals use waiting-list woes to woo Canadians

British Columbia patients fed up with sojourns on waiting lists as they await tests or treatment are being wooed by a hospital in Washington state that has begun offering package deals. A second US hospital is also considering marketing its services.

Vancouver newspapers now carry advertisements for orthopedic and cardiac surgery services at St. Joseph's Hospital in Bellingham. The "cardiac surgery packages" include professional and hospital fees, all treatments, hotel accommodation for the patient's family and transportation. The package costs from US\$20 000 to \$25 000.

The hospital used to have a contract with the BC Ministry of Health for radiation oncology services, but it ended when

the Victoria Cancer Centre opened a few years ago; there are currently about 600 Lower Mainland patients waiting for radiation oncology treatment.

Dr. Ian Courtice, president of the British Columbia Medical Association, says that even though "it is abysmal that our system has deteriorated to this extent, this is a very viable option for cancer patients. We can't define how Canadians can spend their money in the health care system."

Barbara Dember, vice-president of business development at St. Joseph's, said the hospital has already had "very steady" business from Canadians seeking MRI and CT scans. A CT scan can take about 2 months to obtain in Victoria.

Olympic Memorial Hospital in Port

Angeles, a short ferry ride from Victoria, is also considering offering high-technology tests and cancer treatments. In December the hospital surveyed 500 BC doctors to gauge demand and determine whether doctors would tell their patients about the services being offered. If the response is favourable, the hospital will begin advertising and working directly with Victoria doctors, as well as putting together package deals for patients. For instance, an MRI test would be available within 2 days and cost between US\$400 and \$800.

Mike Glenn, Olympic's CEO, says that given the geography and length of waiting lists, the potential business "just seems to make too much sense." — Heather Kent, Vancouver

### Does the system need surgery?

Major surgery is needed to put Canada's ailing health care system back on its feet, a new report from the Atlantic Institute for Market Studies (AIMS) claims. The controversial report, which calls for greater private-sector involvement, has already been tabled in the Alberta legislature by Premier Ralph Klein.

Dr. David Zitner, the director of medical informatics at Dalhousie University and one of the study's authors, applauds Klein's action. "I was glad the paper . . . had an influence. We currently have a multitier system with unequal access, and no jurisdiction in Canada routinely informs its constituents about either access to care or the effectiveness of the care that is provided."

The report, *Operating in the Dark: The Gathering Crisis in Canada's Public Health Care System*, calls for fundamental reform in 4 areas: information gathering, competition, openness to more private-sector participation and changes in the payment system for

physicians. The authors conclude that a lack of information gathering has made it difficult to evaluate the system's performance, while a lack of competition translates into a lack of accountability.

"We have a circumstance where governments are responsible for delivering care and also for evaluating the care that is provided," Zitner says. "This conflict of interest could be resolved if governments either contracted out services and did the evaluation, or if governments organized care and the evaluation was done by independent groups."

The options for private-sector involvement include using privately paid practitioners, contracting out services and giving individuals vouchers (often called medical savings accounts) that would allow them to choose among services offered by both the public and private sectors. "We . . . need to implement proper studies to learn how best to provide care — when the public sector is best able to deliver services, and when the private sector is," Zitner says. "Con-



**Dr. David Zitner: identifying fundamental problems**

tracting out is not unusual. Indeed, primary care in Canada is largely provided by independent practitioners who provide care to all Canadians who are covered by Canada's universal health insurance system."

AIMS is a private, nonprofit think tank based in Halifax. The report is available at [www.aims.ca](http://www.aims.ca). — Donalee Moulton, Halifax