

Copeman clinics come under scrutiny

The high-end for-profit medical clinics that Vancouver-based Don Copeman hopes to establish across the country are still waiting for the green light after the governments of Ontario and British Columbia questioned the legality of enrolment fees.

At issue is the fate of the controversial new Copeman Healthcare Centre in Vancouver and 37 others slated to open across Canada over the next 5 years, including 5 in 2006 (Toronto, Ottawa, London, Calgary and Halifax).

As the business was initially conceived, patients would pay a one-time enrolment fee of \$1200 and annual dues of \$2300, in exchange for 24-hour primary care and as-needed house calls from general practitioners. Those physicians would be paid an estimated \$275 000 annually (a \$220 000 salary and a CME allocation of \$15 000, as well as all billings to provincial health insurance plans). The physicians would be able to spend whatever time they deemed necessary with each patient.

Enrolment would guarantee on-site access to specialists including cardiologists, urologists, neurologists, oncologists, as well as medical experts in sports injuries and pain management. Medically necessary services would be billed to provincial health plans, with the annual dues covering the cost of quality time with a family practitioner and “preventive medicine” services such as disease risk assessment, fitness and nutritional advice, or physical and psychological therapy.

But BC Health Minister George Abbott and Ontario Health Minister George Smitherman disallowed the up-front enrolment fee as thinly-veiled queue jumping that violates the Canada Health Act (CHA) as well their respective province’s health laws, (the BC Medicare Protection Act and the On-

tario Commitment to the Future of Medicare Act).

Copeman responded by saying he would instead roll the the enrolment fee into year-one dues of \$3500.

The difference is mere semantics, according to a legal opinion the Toronto law firm Sack Goldblatt Mitchell prepared for the Ontario Health Coalition, a medicare lobby group. “By providing such preferred access based on the ability to pay rather than need, the Copeman scheme clearly offends the [CHA’s] principles of universality and accessibility,” that opinion states.

David Spencer, spokesman for Smitherman’s office says that if patients must pay annual dues to obtain medically insured services at a Copeman clinic, then “it’s a violation. The difficulty is at which point do you make a move? As the minister has said: ‘Do you arrest someone for saying they are going to step on your lawn or do you wait until they actually make the offence?’”

The fine in Ontario “per offence” (i.e., per visit) totals \$45 000; \$25 000 from the clinic and \$10 000 each from the doctor and patient.

Eliminating the enrolment fee will get rid of “bad optics” and makes the clinics entirely compliant, says Copeland. The enrolment fee, he argues, was strictly a function of higher costs associated with first-year assessments of new clients. “It was not an access fee.”

But health policy experts say the stiff annual dues could still be interpreted as a means of providing preferred access to insured services. “The question is: If I want to go to the Copeman clinic and I only want medically necessary services, will they serve me?” asks Steven Lewis, a Saskatoon-based health policy consultant. “If they say ‘No, we won’t serve you, you have to join up,’ it seems to me that they have essentially bundled a fee. I can’t get medically necessary services unless I fork over the \$3500.”

Copeman argues that the doctors, not the clinic, determine whether to provide

an insured service. “We can’t make those decisions on behalf of the doctors. Our doctors are independent contractors.”

Each doctor is expected to tend to 500 patients, most of whom are projected to be aged 40-65. About 80% will likely seek primary health prevention services and the remainder will need secondary services because they’re struggling with diseases such as cancer or are recovering from bypass surgery or other interventions. Although Copeman declines to reveal the enrolment at the Vancouver clinic, he says the average age of patients is about 60, while the primary–secondary split has been about 65%–35%. “We’re getting a slightly sicker population, if you will, than what we originally anticipated.”

Copeman also dismisses accusations that his clinics will poach doctors from the public system, arguing that they’ll “repatriate” physicians who left family practice. Lewis counters that “if you can hire GPs because you’re paying them \$275 000 a year, you’re going to get a lot of people who say, forget it, I’m not going to practice anywhere else.” — Wayne Kondro, Ottawa

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