



7330 Yonge St., Ste 120, Thornhill, ON, L4J 7Y7; 905-695-1989/416-884-0718

November 10, 2023

Dear Deputy Premier and Health Minister Jones:

Re: Submission by the Independent Surgical & Diagnostic Clinics of Ontario regarding the expansion of the Ontario Breast Screening Program (OBSP)

The Independent Surgical & Diagnostic Clinics of Ontario (ISDCO) [formerly the IDCA] is making this submission on behalf of Ontario's nearly 1,000 community-based surgical and diagnostic clinics that are licensed under the *Integrated Community Health Services Centres Act, 2023 (the "Act")*. Community clinics licensed under the Act provide a wide range of healthcare services, including the performance of more than 11,000,000 diagnostic imaging studies per year, representing almost 60% of all imaging studies performed in Ontario.

The ISDCO applauds the Government's recent announcement of the expansion of the OBSP, by lowering the eligibility age for self-referral for publicly funded mammograms from age 50 to 40, commencing in the fall of 2024. This expansion will allow more than 300,000 additional people to access this important cancer screening service. This change will be especially important for Ontarians who do not have a primary care provider and for those in certain equity deserving communities.

The ISDCO does, however, have serious concerns regarding the ability of Ontario's existing 241 OBSP sites to accommodate the increasing numbers of mammography patients contemplated by this expansion of eligibility. The Government estimates that this change will add an additional 130,000 studies per year. The news release further indicates that "Over the coming months, OBSP sites will prepare for this expansion by increasing capacity..." We are concerned that the Government has not given sufficient weight to a number of material factors that are likely to undermine the ability of service providers to meet the Government's goals.

The current wait times for mammography services in Ontario, whether performed in a community clinic or in hospital, are already between 4-6 months. These times have been steadily increasing. To increase the number of OBSP exams performed annually by almost 20%, without making certain material changes to increase capacity, would be ill-advised.

We question whether the Government has a true appreciation of the obstacles to increasing screening capacity. The news release points to recent investments in MRI and CT scans. Investments in those imaging modalities do not assist in increasing mammographic breast screening throughput. Perversely, the increasing focus on MRI has exacerbated problems for Ontario's mammography service providers. There is a severe national shortage of

technologists who are qualified to perform mammography. The focus on MRI has led to a departure of many mammography techs who have been lured into being trained as MRI techs.

We understand that the health human resource (HHR) crisis today will require transformative and innovative solutions to problems that have existed for years. Recent Government initiatives, such as the expansion of the Learn and Stay grants, may help to grow the healthcare workforce. These programs will, however, require time to bear fruit. Recent studies by the Canadian Association of Medical Radiation Technologists (CAMRT) indicate that technologist shortages are expected to become more severe over the next two years. This HHR reality must be kept in mind in setting short-to-medium term goals. Given our association's great experience in these HHR matters, we would be pleased to advise and participate on any provincial committee now tasked to come up with short and/or long term HHR solutions.

Aside from HHR concerns, the other factor that will have the greatest impact on the ability of existing community-based OBSP sites to increase patient throughput is the underfunded compensation system that exists. OBSP funding to providers does not include capital grant dollars for replacing or adding necessary equipment. Moreover, unlike public hospitals, community clinics cannot fundraise for equipment through any equivalent of hospital foundations.

We would remind you that in 2013 Cancer Care Ontario [now part of Ontario Health] spearheaded a program that resulted in the expansion of the OBSP and the upgrading of certain mammography units. The program involved a capital grant to service providers, which was directed to pay the full cost of new digital mammography systems. Many of the mammography systems in use today at OBSP sites in the community are still those same units purchased 10 years ago under the Cancer Care Ontario-sponsored program. They are, however, at or approaching the end of their useful lives.

If the stated goal of expanded provincial access to this cancer screening service is to be achieved, then community-based mammography centres must continue to play their important role. Without funding for new mammography machines for community-based clinics, however, expanded patient access cannot occur and may, in fact, decrease. We would therefore urge you to initiate a capital grant program under which OBSP sites are able to replace and/or add mammography systems. We believe this to be the best way of assuring that community-based OBSP sites are able to meet their service responsibilities in the coming years.

We thank you for the opportunity of making this submission to you. Please feel free to contact Gerald Hartman, President (416- 671-9806), or Stephanie Bolton, our Executive Director (416-884-0718), to discuss the foregoing.

Yours very truly,

**The Board of Directors of the Independent Surgical & Diagnostic Clinics of Ontario
by its representative:**

Gerald Hartman, President

c.c. - Laura Pinkney, Director, Health Insurance Branch, Ontario Ministry of Health