



November 15, 2022

**Office of the Deputy Premier and Minister of Health
777 Bay Street, 5th Floor
Toronto ON
M7A 1N3**

Dear Deputy Premier and Minister of Health Jones:

Submission by the Independent Diagnostic Clinics Association on behalf of the IHF sector

The Independent Diagnostic Clinics Association of Ontario ('IDCA') is making this submission on behalf of the province's independent health facilities ('IHF') sector.

The IDCA represents the interests of the approximately 1,000 community-based medical imaging and surgical IHF clinics in Ontario. IHFs perform approximately 50% of all medical and diagnostic imaging studies conducted in Ontario and IHF technical fees total more than \$450,000,000 per annum. While many of the financial issues relating to IHFs are relevant to healthcare generally, there are several matters that uniquely or disproportionately affect IHFs.

Since the start of the Covid-19 pandemic, the Government has focused special attention on the needs of both our hospital and long-term care sectors. Special care has been given to ensure that these institutions and their staff are supported, thus enabling them to perform their important work. The equally important contributions of IHF providers, who perform almost 10,000,000 procedures a year and whose work is performed in accessible community clinics, have not been similarly recognized.

While we are grateful to Government for the creation of financial programs to address the devastating impact that the Covid-19 pandemic has had on the provision of healthcare in Ontario, IHFs have been excluded from participation in several of the most significant Government initiatives [for example, the DI Innovation Fund program, which was directed exclusively to hospitals]. The result is that many in the IHF sector believe that the Government does not appreciate the need to ensure the sustainability of this important segment of the public healthcare system.

Compounding the 'inequity' in the ability to access new funding programs is the state of diagnostic imaging ('DI') technical fee compensation. Technical fees represent the sole method by which IHFs are compensated for the services that they perform. Technical fees have essentially been frozen for more than 30 years. In 2009, there had been great optimism among IHFs when DI technical fees were removed from the physician payment pool and were no longer under the direct control of the OMA. Since that time, unfortunately, governance and management of technical fees has been 'orphaned', with the result that the long history of underfunding IHF technical fees has continued.

Without direct Government reimbursement, the IHF sector has had to independently fund many additional expense categories and compliance costs. These 'unfunded' categories would include: (i) robust infectious disease control measures, which essentially imposed institutional standards on IHFs; (ii) migration to digital environments [RIS/PACS], to permit participation in provincial repositories and sharing of results and images with other providers; (iii) material increases in commercial insurance paid by clinic owners which has resulted in more than doubling the cost of coverage in the past 5 years; and, (iv) most recently, extraordinary and unbudgeted increased staffing costs, as a result of the severe shortage of trained technologists.

Technical fees as the sole source of IHF funding is in contrast to hospitals which, in addition to global funding for their operations and activities, rely heavily on a multitude of additional revenue streams in the form of government grants, access to capital acquisition funding, programs to assist with HHR ['pandemic pay' premiums] and infectious disease control matters, solicitation of public funding by hospital foundations, among other sources. We understand that payments to Ontario's hospital sector grew by more than \$5 billion over the past two years. In contrast, IHF compensation has essentially remained unchanged.

Moreover, certain capital funding by Government to IHFs, intended to assist the sector in purchasing medical equipment and enabling operators to migrate to a fully-digital environment, was discontinued eight years ago. The result is that many IHFs are unable to regularly replace their medical imaging equipment and no more than 20% of IHFs currently contribute their images to Ontario's digital repositories. [In contrast, we understand that Government spent more than \$150,000,000 to ensure that every hospital in Ontario was PACS-enabled and integrated into the DI repositories.]

We understand that the Government is currently considering ways to ensure that all IHF imaging studies are integrated into the provincial image repositories. We wholeheartedly agree that unless the 50% of Ontario's imaging studies performed by IHFs are integrated, the goals and utility of the repository program are seriously compromised. In order to allow the IHF sector to participate in the repository program, it is essential that a capital grant program be [re-]introduced to fund the migration to a fully-digital environment, just as was done for the hospital sector.

For IHF operators, a new problem threatens the sustainability of the sector and the ability of IHFs to continue to play their important role in the public healthcare system. Over the past few years, many technologists who perform the imaging procedures conducted in IHFs have abandoned their careers or been lured away from the sector by providers from other jurisdictions and by Ontario's hospital sector. These other providers offer significant signing bonuses and relocation expense reimbursement, as well as higher salaries and pensions. Staffing costs are typically the largest expense item for IHF operators, generally representing between 40-60% of IHF technical fee compensation. Given the woefully inadequate technical fee reimbursement to IHFs, it has been very difficult for IHF providers to retain staff and to compete with this "poaching".

The IHF sector provides high quality, accessible diagnostic services to Ontarians. These services are provided at a cost to taxpayers which is significantly less than similar services provided in a hospital setting. IHF technical fees, virtually unchanged since the early 1990s, have funded ever-increasing capital, rent, IT infrastructure, infection disease control and other operating costs. This chronic underfunding has put the sustainability of the sector into question. Accordingly, The IDCA is requesting the following:

- 1. The IDCA is requesting that Government invest an additional \$350 million a year in operational funding to help stabilize the IHF sector and offset current and anticipated staffing cost increases. We recommend that such additional funding be implemented by a permanent increase in the DI fee codes contained in the OHIP Schedule of benefits.**
- 2. The IDCA additionally requests that Government reinstitute the Medical Equipment Fund grant program in place at various times between 2001-2014, under which IHFs received grants [typically 4-5% of previous year's OHIP billings] which could be used toward the purchase or maintenance of medical imaging equipment or IT infrastructure equipment.**

We thank you for the opportunity of presenting this submission to you. Please feel free to contact Gerald Hartman, President of the IDCA, to discuss the foregoing.

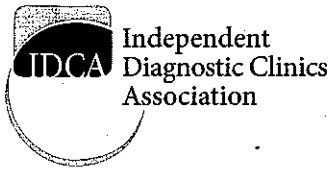
Sincerely,

**The Board of Directors of the Independent Diagnostic Clinics Association
by its representative:**

A handwritten signature in black ink, appearing to read 'Gerald Hartman', written over a white background.

Gerald Hartman, Director

**c.c - Pauline Ryan, Director, Health Services Branch
Owen McMorris & Dr. Julia Alleyne, Independent Health Facilities Program**



January 17, 2023

**Office of the Deputy Premier and Minister of Health
777 Bay Street, 5th Floor
Toronto ON
M7A 1N3**

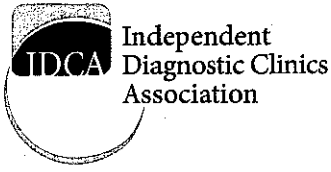
Dear Deputy Premier and Minister of Health Jones:

The Independent Diagnostic Clinics Association of Ontario ('IDCA') is making this submission on behalf of the province's independent health facilities ('IHF') sector. The IDCA represents the interests of the approximately 1,000 community-based diagnostic imaging and surgical IHF clinics in Ontario. IHFs perform approximately 50% of all medical and diagnostic imaging studies conducted in Ontario.

The IDCA applauds the Government's recent announcements regarding the expansion of certain diagnostic and surgical services in IHFs. We understand that this is to be a multi-phased process. We agree that this is a step in the right direction in helping reduce both wait times for procedures and the current surgical backlog.

The IDCA believes, however, that these changes must be effected having regard to the needs of existing providers. Specifically, we are concerned about the Government's announced plans to encourage the re-training of existing MRTs to become MRI technologists. There is a great danger that this initiative will exacerbate the staffing shortages that have plagued IHFs and hospitals alike since the start of the COVID-19 pandemic.

While we understand that increasing access to MRI is an important policy initiative on the part of this Government, we do not believe that it should be effected at the cost of imperiling the delivery of care generally. While there is an undoubted shortage of MRI technologists, there is an equal scarcity of technologists in several other areas of imaging. IDCA members are concerned about the focus on building numbers of MRI technologists. Their concern is that the re-directing of existing MRT's in other modalities towards MRI will come at the cost of crippling the ability of Ontario's providers, particularly in IHFs, to meet the already overburdened demand for ultrasound, x-ray, mammography and CT services. Accordingly, we believe that the 'solution' put forward by Government must include the training of many more technologists, in all modalities, and the creation and accreditation of more training colleges.



We understand that the health and human resource (HHR) issues facing Ontario's public healthcare system will not be solved quickly. It takes time to build the numbers and the necessary infrastructure to solve our HHR needs. In that regard, we would recommend that Government look at ways of streamlining the path of applicants/students to completing their training and obtaining MRT status. We would be pleased to discuss the matter with you.

The IDCA remains very supportive of the Government's plans to expand the scope of services performed in IHFs. We believe that with the added pressures of an aging and increasing population, the *status quo* regarding the delivery of care cannot be maintained. IHFs have and will continue to represent high quality and lower cost provision of healthcare services for Ontarians.

We thank you for the opportunity of presenting this submission to you. Please feel free to contact Gerald Hartman, President of the IDCA, to discuss the foregoing.

Sincerely,

The Board of Directors of the Independent Diagnostic Clinics Association
by its representatives:

Gerald Hartman, Director

Dr. Jason Hartman, Director

c.c - Alex Millier and Roslyn Roelofsen, Stakeholder and Member Relations, Office
of the Deputy Minister & Minister of Health
- Owen McMorris, Manager, Independent Health Facilities Program, Ministry of
Health

Ministry of Health

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Direction de l'assurance-santé
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Téléphone : 613 548-6637
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MEMORANDUM

TO: All Licensees

**FROM: Laura Pinkney,
Director, Integrated Community Health Services Centres,
Health Insurance Branch**

DATE: September 27, 2023

SUBJECT: Integrated Community Health Services Centres Act, 2023 proclaimed

As of September 25, 2023, the [Integrated Community Health Services Centres Act, 2023 \(ICHSCA\)](#) has come into force. The ICHSCA repeals and replaces the Independent Health Facilities Act (IHFA).

Currently licensed centres will be formally known as Integrated Community Health Services Centres under the new legislation. They will be commonly referred to as community surgical and diagnostic centres.

Licensees are expected to review the ICHSCA and its [supporting regulation](#) in detail as Licensees now have enhanced responsibilities regarding patient safety and transparency.

Information about the centres can be found on the government website for the public at [Community surgical and diagnostic centres](#) and updated resources for centres at [Resources for community surgical and diagnostic centres](#).

Please note: As a part of cross-government efforts to reduce red tape and administrative burdens, **the ministry is removing administrative fees associated with ICHSC licences.** The ministry will no longer charge for licence applications, ministry approvals on licence renewals and other licensing changes, effective September 25, 2023.

The program area will now be known as the Integrated Community Health Services Centres Program. **The new email address is ICHSC@ontario.ca.** The mailing address, phone and fax remain unchanged.

All Licensees

Please refer to [INFOBulletin 230907](#) for more details as well as previous communications from the program area on June 13, 2023 and July 31, 2023. Thank you for your continued commitment to the healthcare system.

Please contact the program area with any questions that you may have on the new legislation and regulations, ICHSC@ontario.ca

Sincerely,

A handwritten signature in black ink that reads "Laura Pinkney". The signature is written in a cursive, flowing style.

Laura Pinkney
Director
Integrated Community Health Services Centres