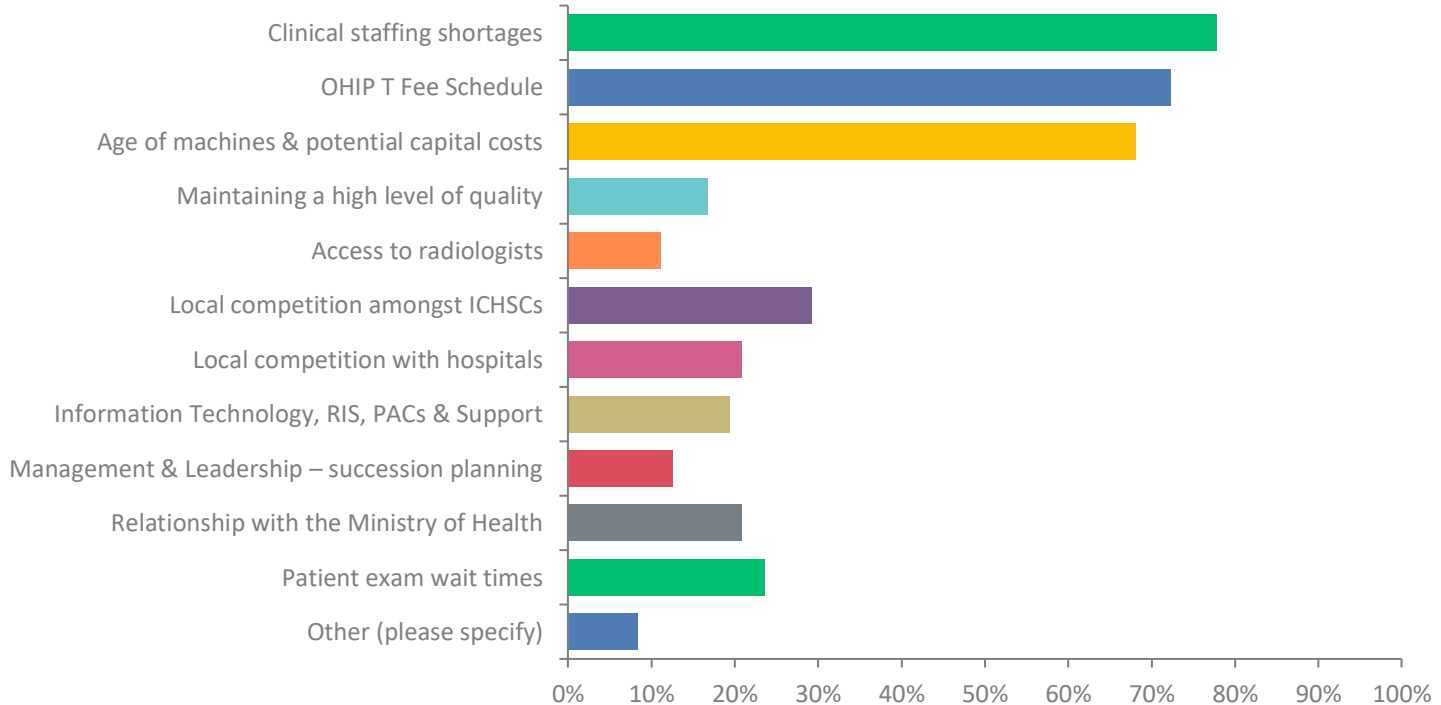




Independent Surgical & Diagnostic Centres Association of Ontario Survey 2023

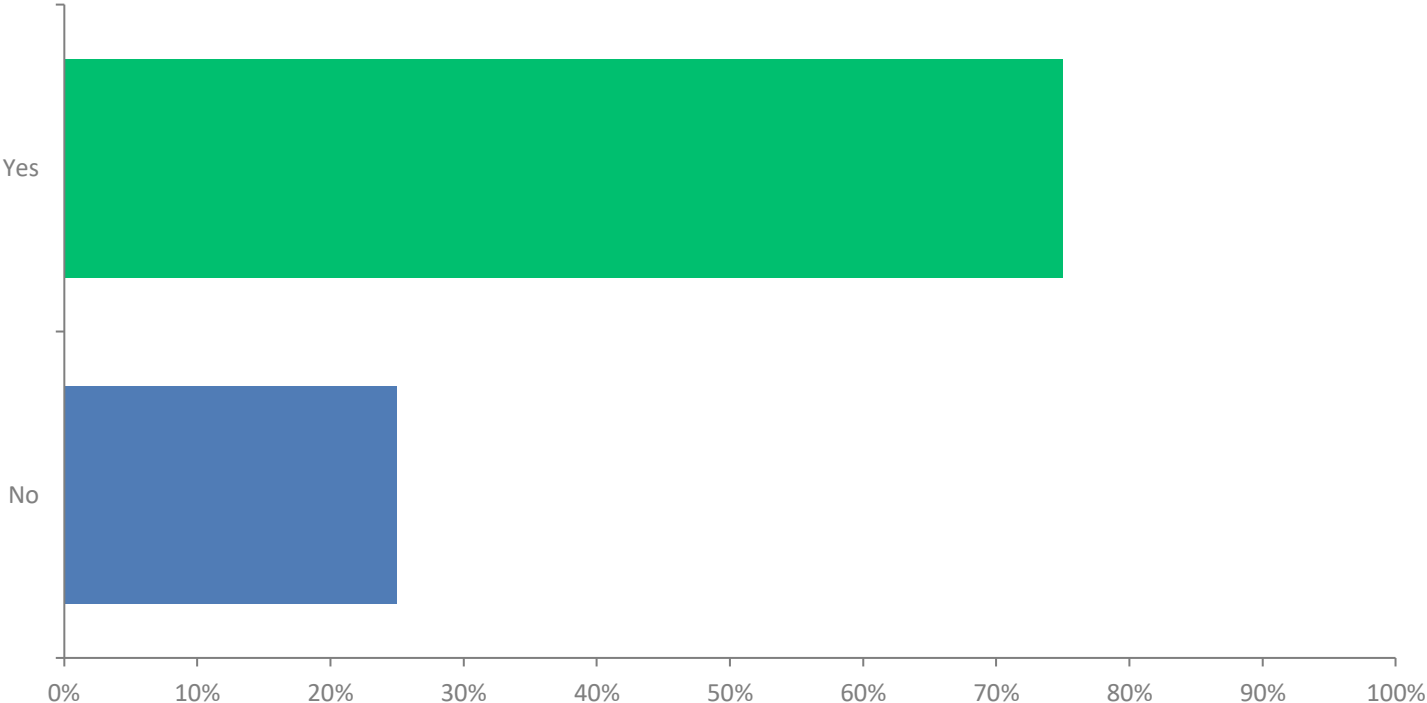
Q1: What are the most challenging issues for your organization? Check all that apply.

Answered: 72 Skipped: 0



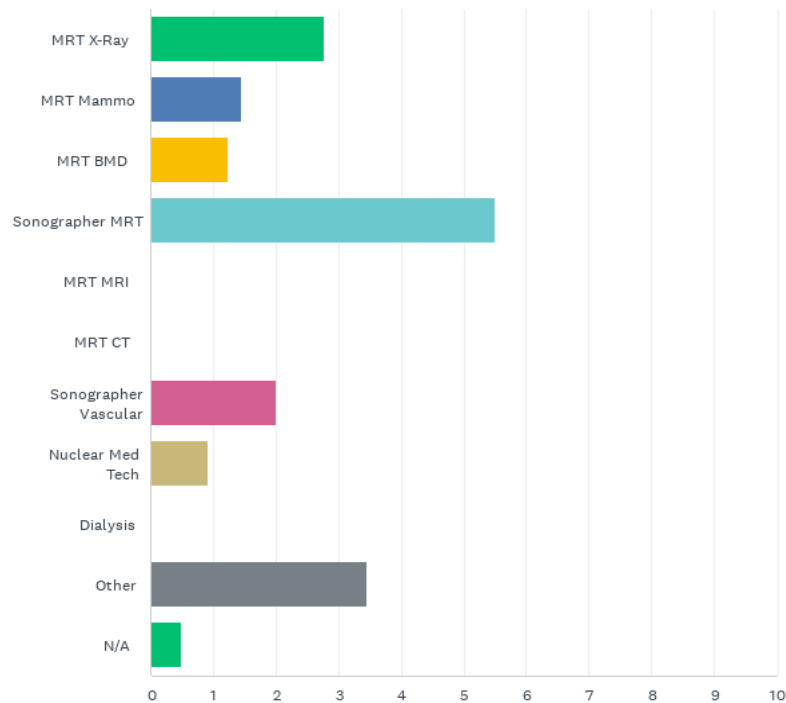
Q2: Are your clinics understaffed, facing staff shortages?

Answered: 72 Skipped: 0



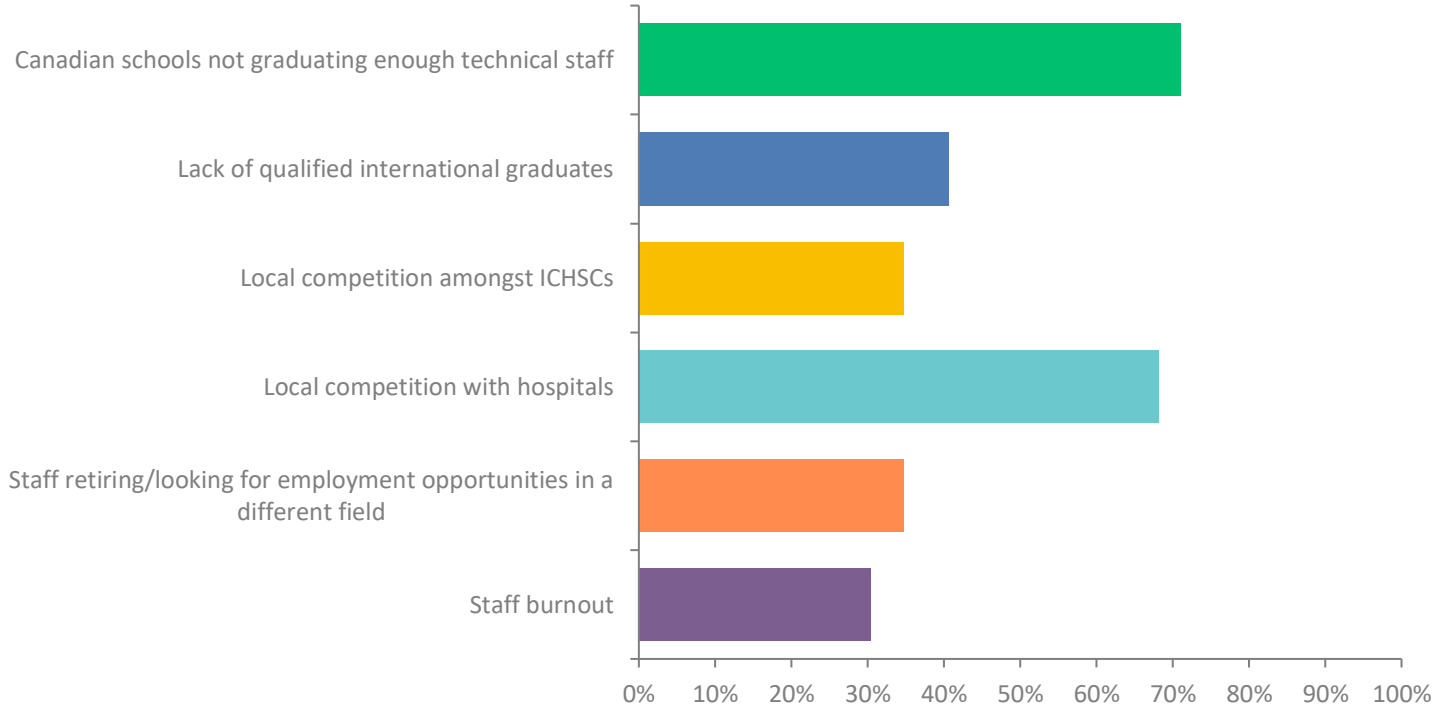
Q3: If yes to staffing challenges, how many (if any) clinical / technical staff are you short in your clinics?

Answered: 50 Skipped: 22



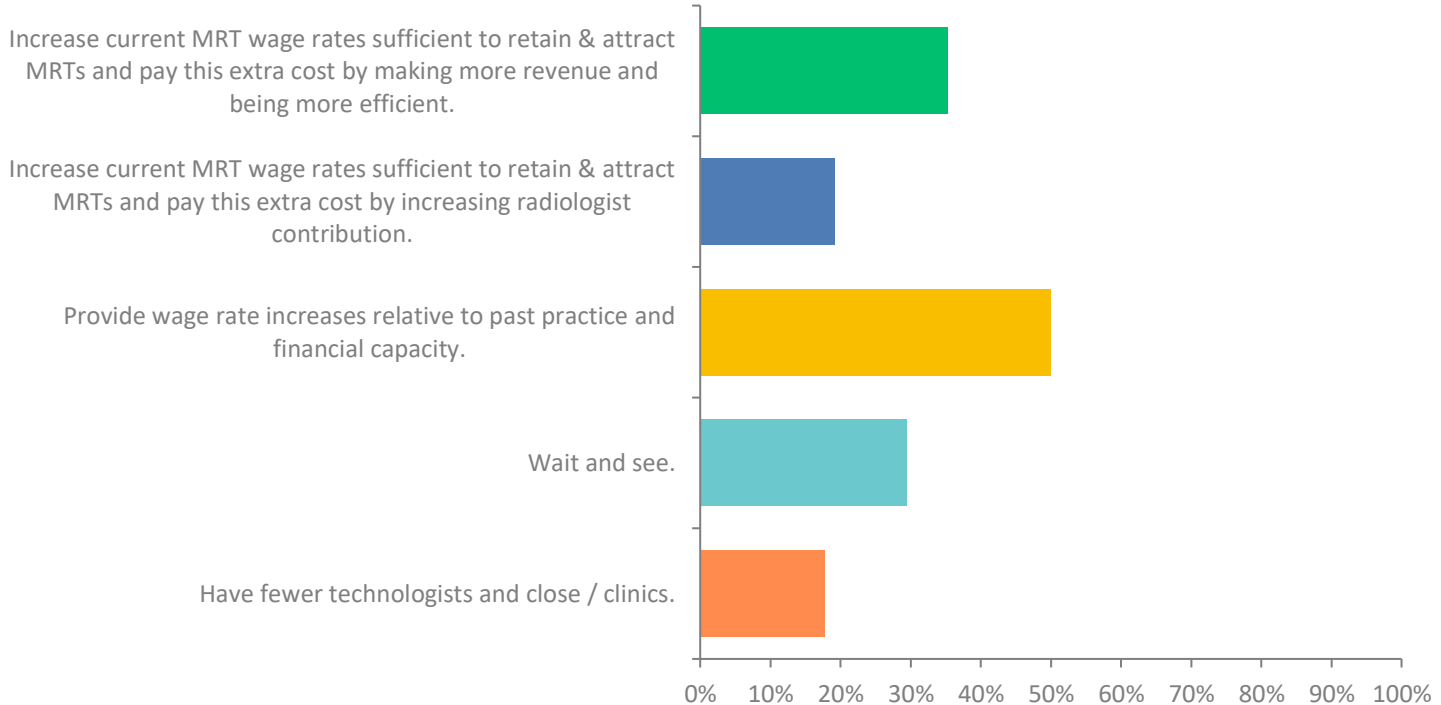
Q4: What is the biggest challenge in recruiting and retaining technical staff? Check all that apply.

Answered: 69 Skipped: 3



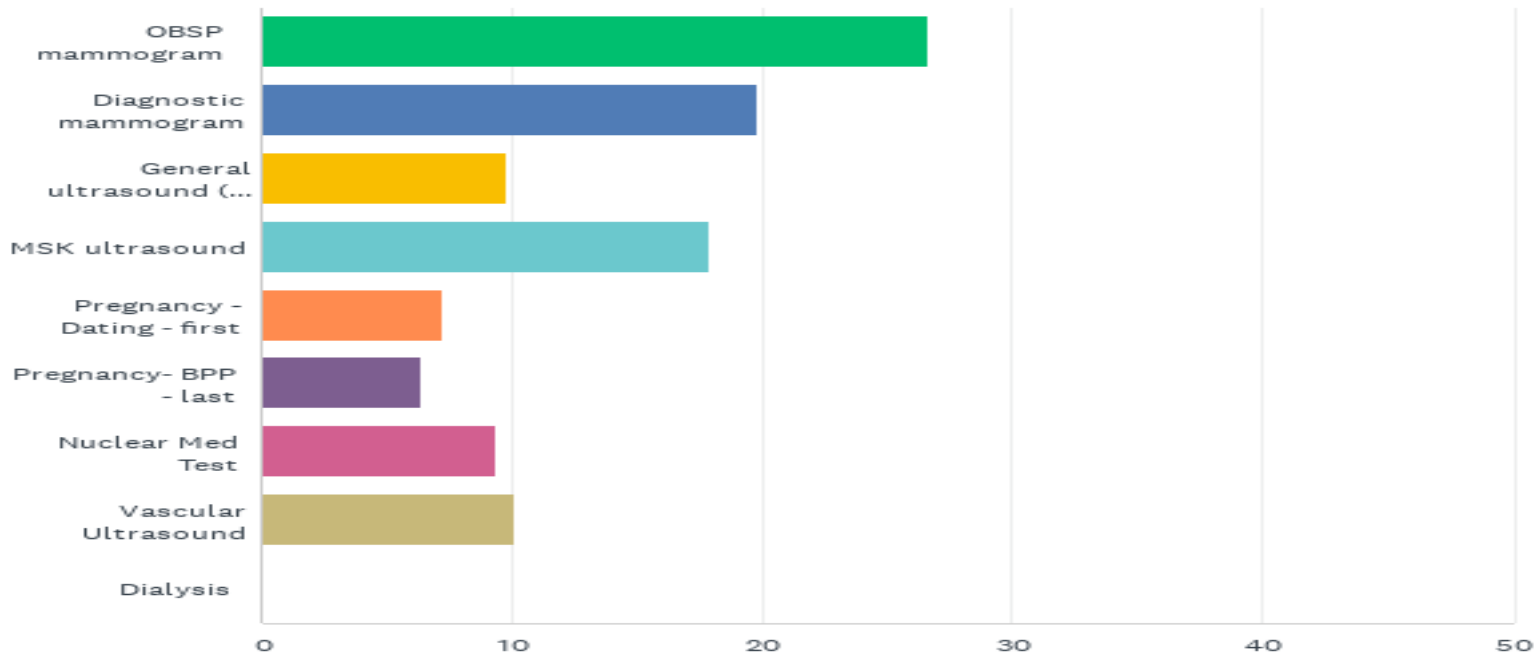
Q5: With the recent Interest Arbitration award affecting technologist in Ontario hospitals represented by OPSEU, hospital MRTs will be seeing an almost 10% cumulative increase in their past substantive wage rate as of April 1, 2024. This certainly will exacerbate an already challenging health professional labour market for community based diagnostic imaging centres. How will your organization deal with this?

Answered: 68 Skipped: 4



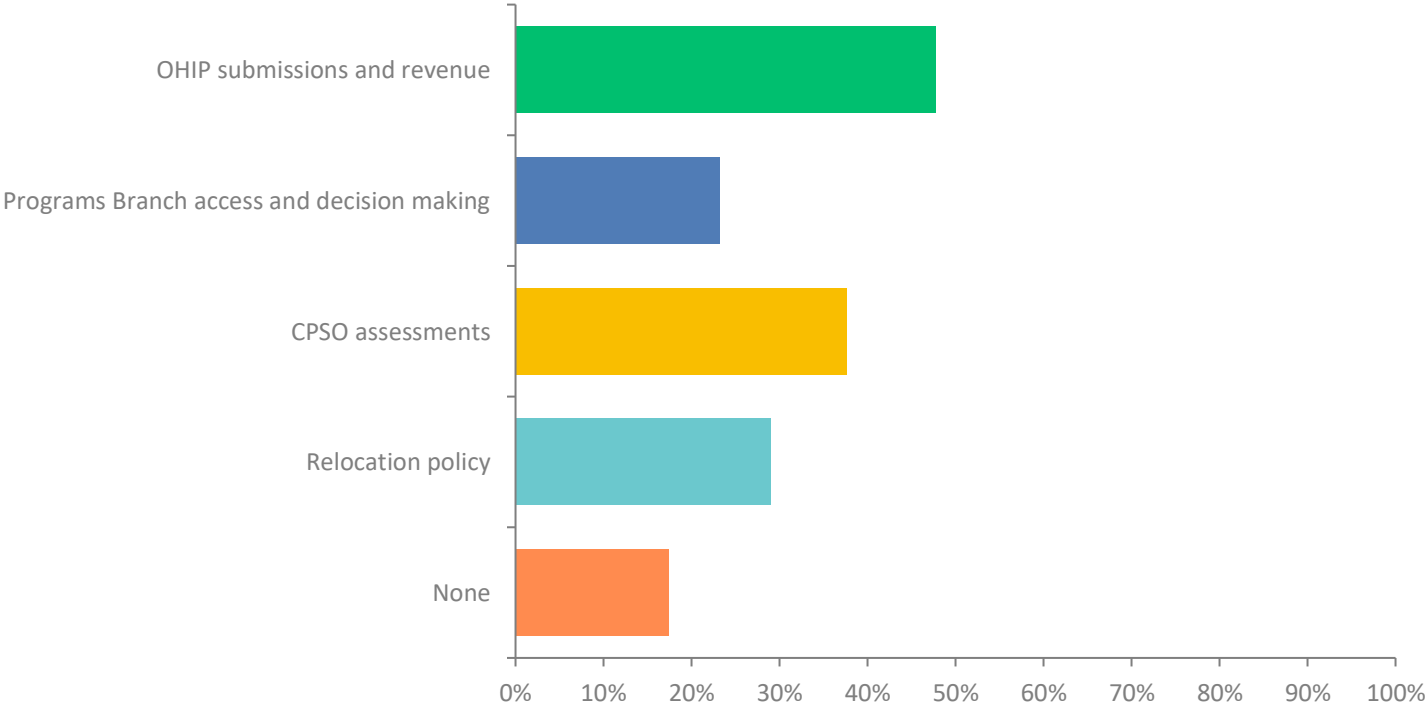
**Q6: What is the current wait time for a patient to get an appointment?
From receipt of requisition until actual exam. Please answer in number of days.**

Answered: 52 Skipped: 20



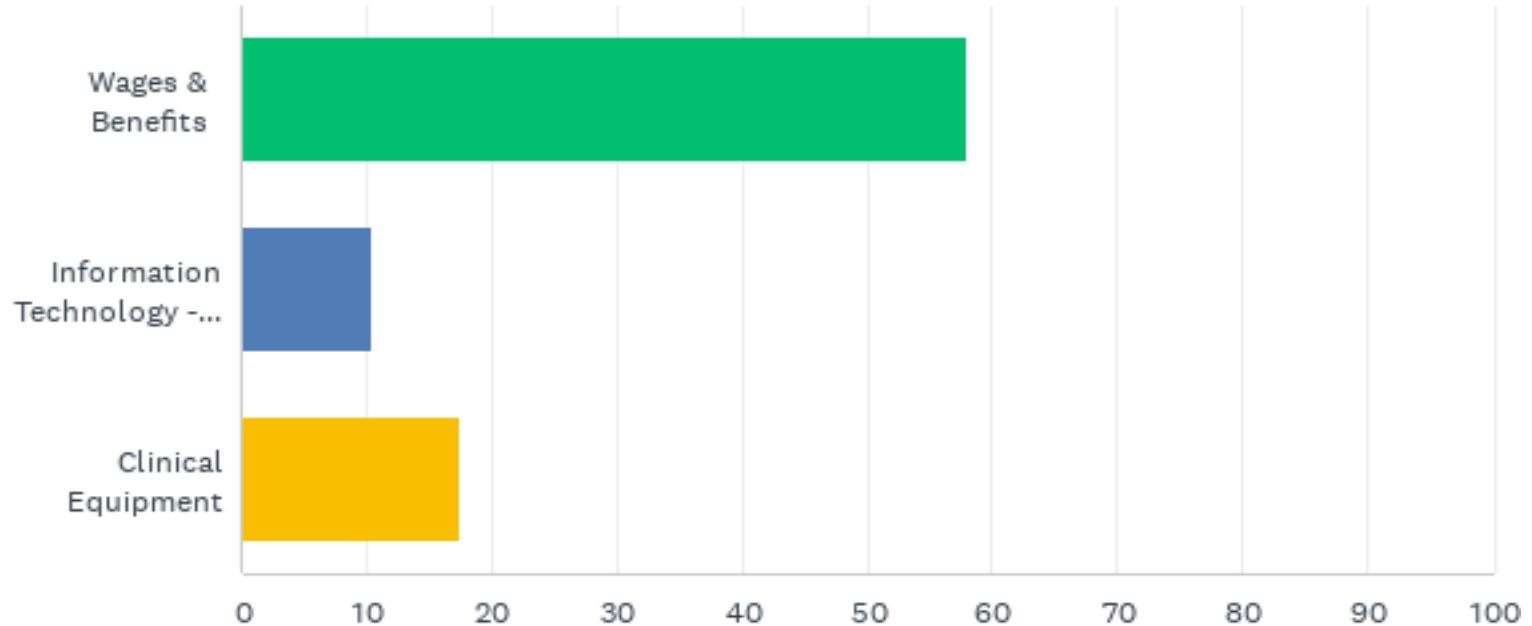
Q7: What are the challenges your organization faces with the Ministry of Health? Check all that apply.

Answered: 69 Skipped: 3



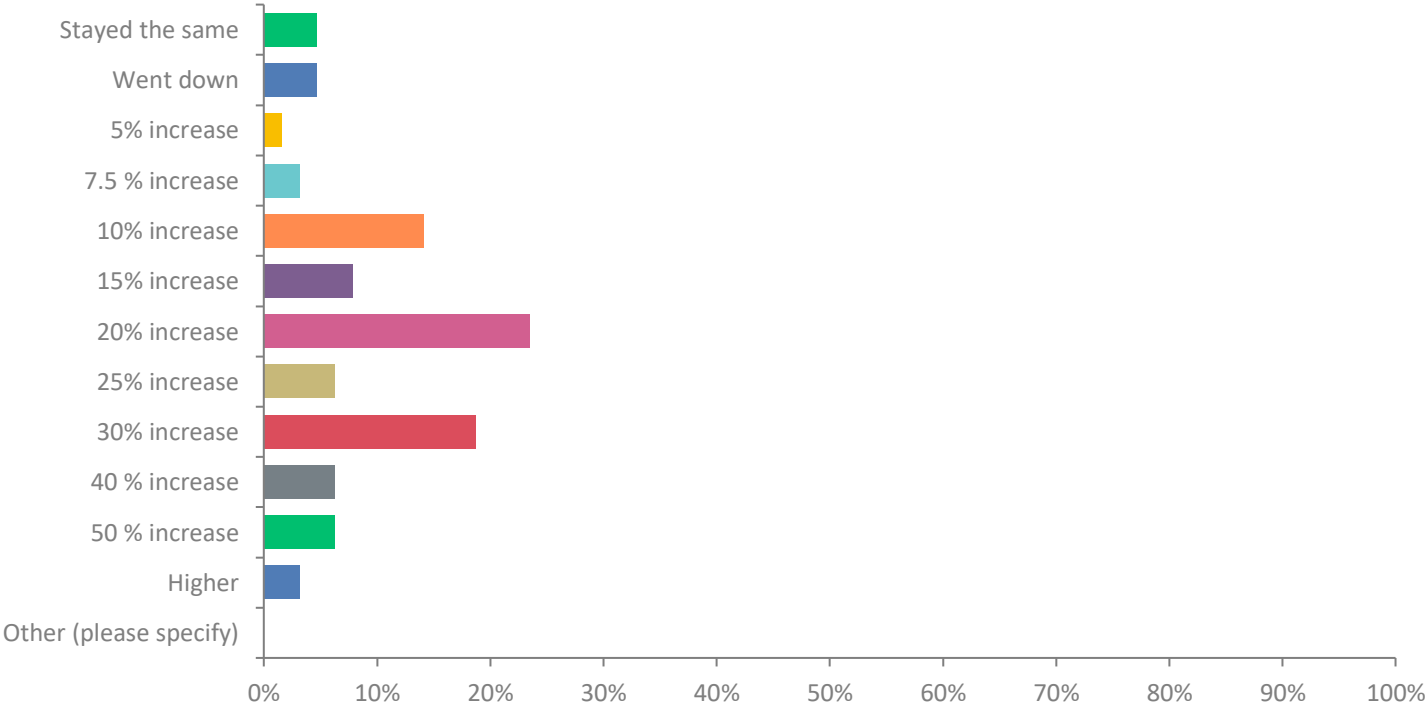
Q8: What is the approximate % of technical fee revenues used for each of the items below.

Answered: 54 Skipped: 18



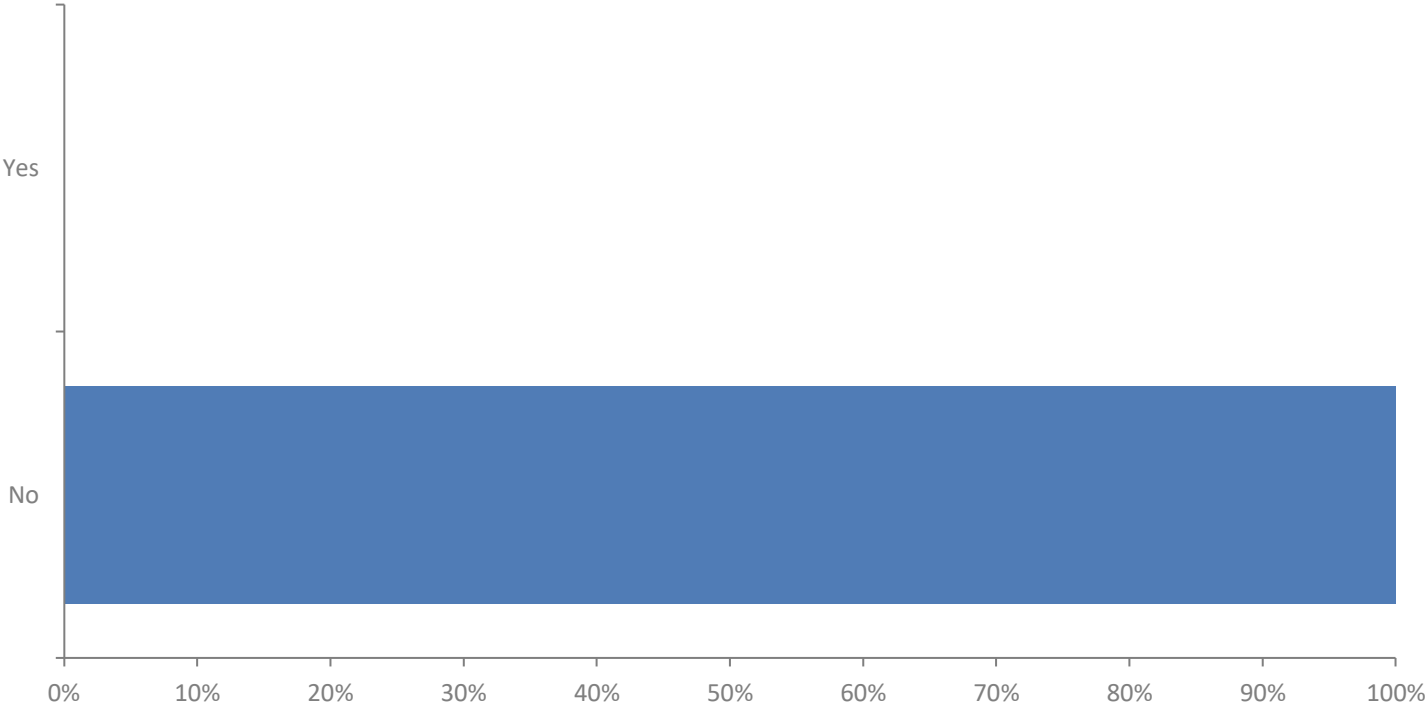
Q9: How much has your cost structure changed in the past 3 years.

Answered: 64 Skipped: 8



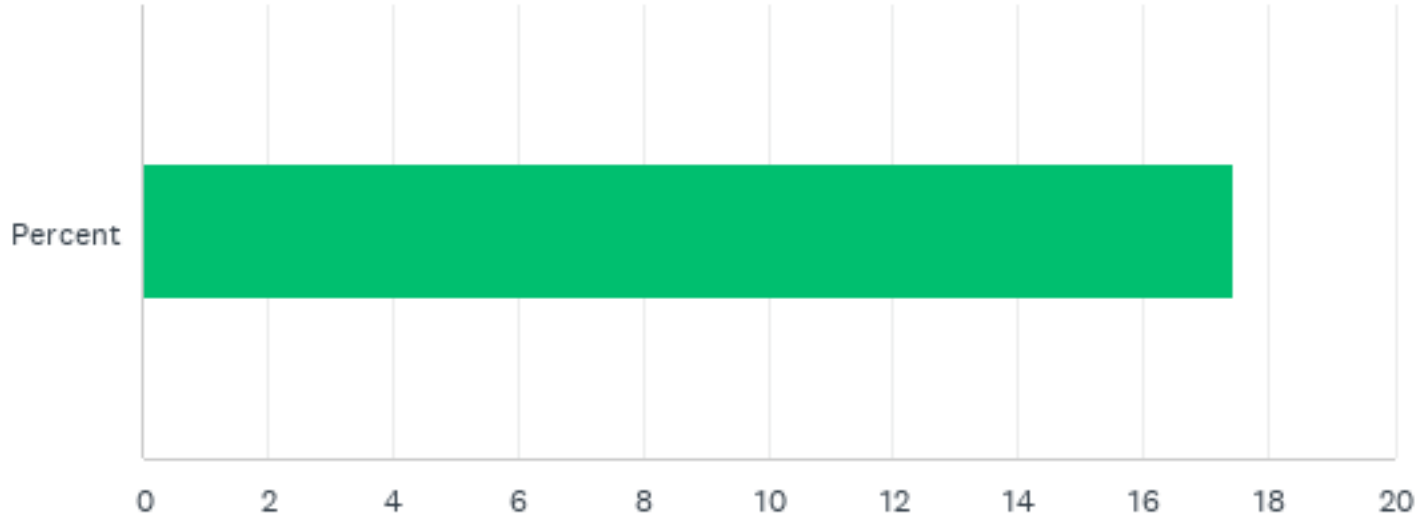
Q10: Do you believe that the current OHIP T fee schedule is sustainable?

Answered: 70 Skipped: 2

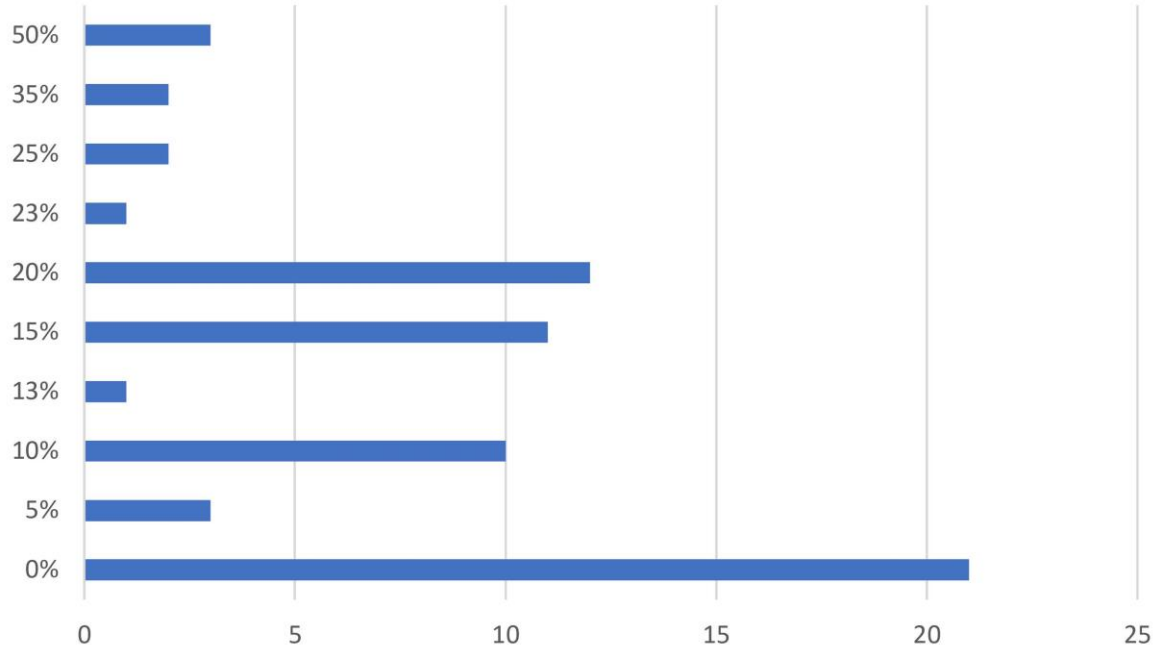


Answered: 61 Skipped: 11

Q11: What annual percentage increase in OHIP T fees would be necessary for your clinic to ensure quality and maintain sufficient clinical human resources?

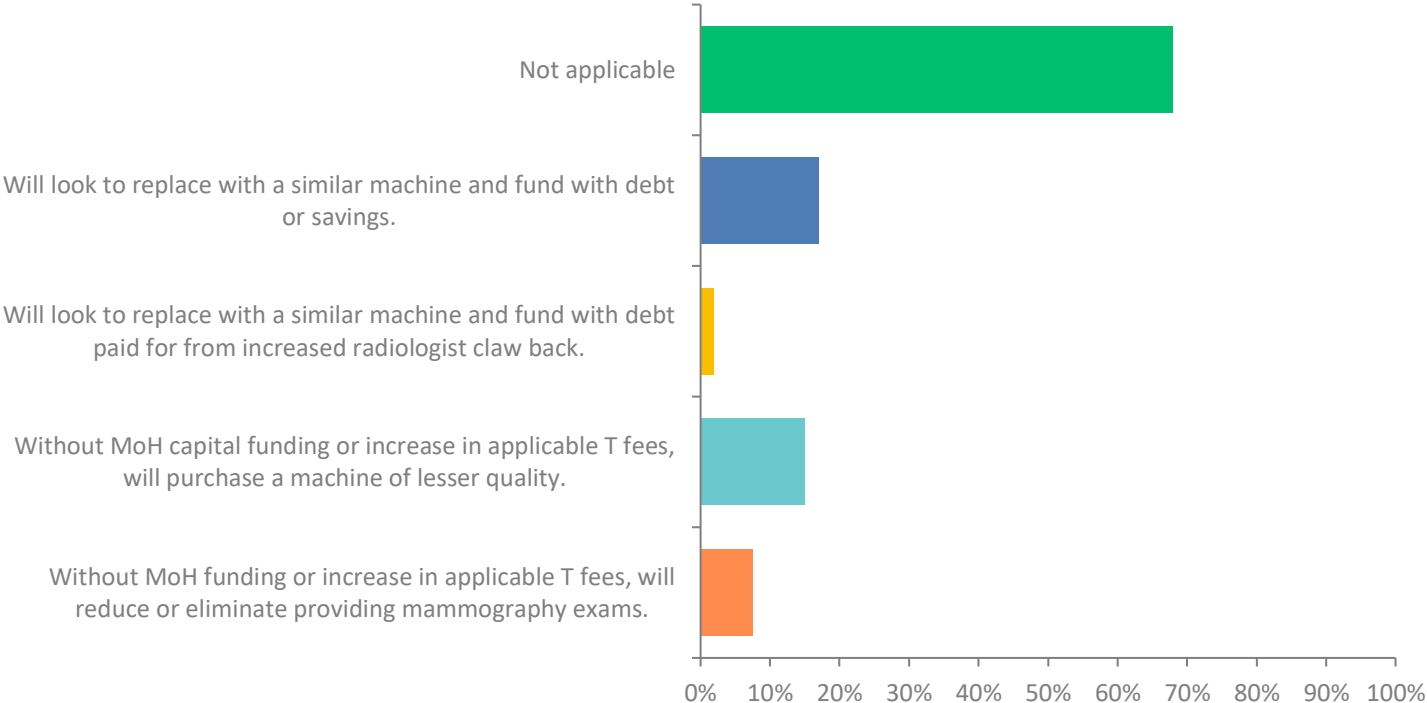


Q12 Does your clinic clawback P fees? What percentage?



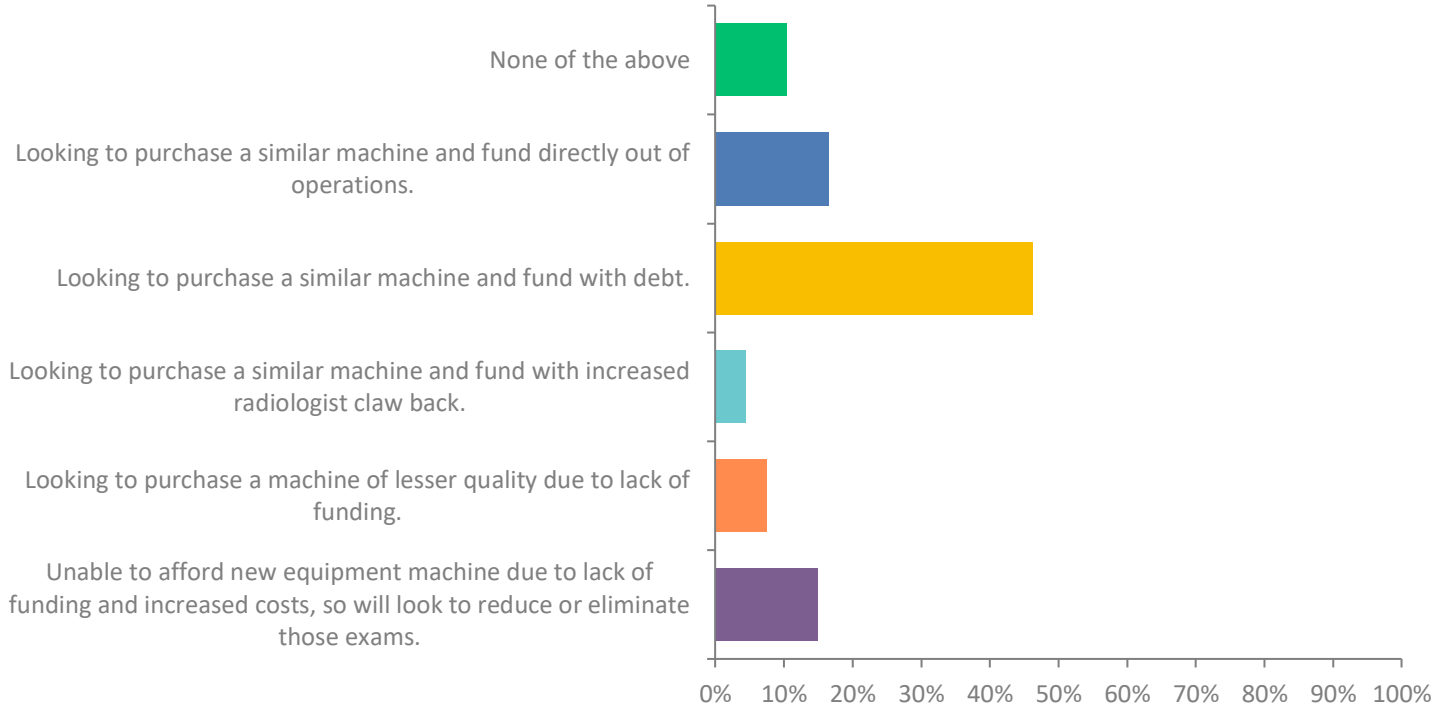
Q13: For those who participated in the Ministry's Mammography program in 2012 - 2014, your machines are now more than 10 years old. What are your plans with respect to the possible need for them to be replaced?

Answered: 53 Skipped: 19



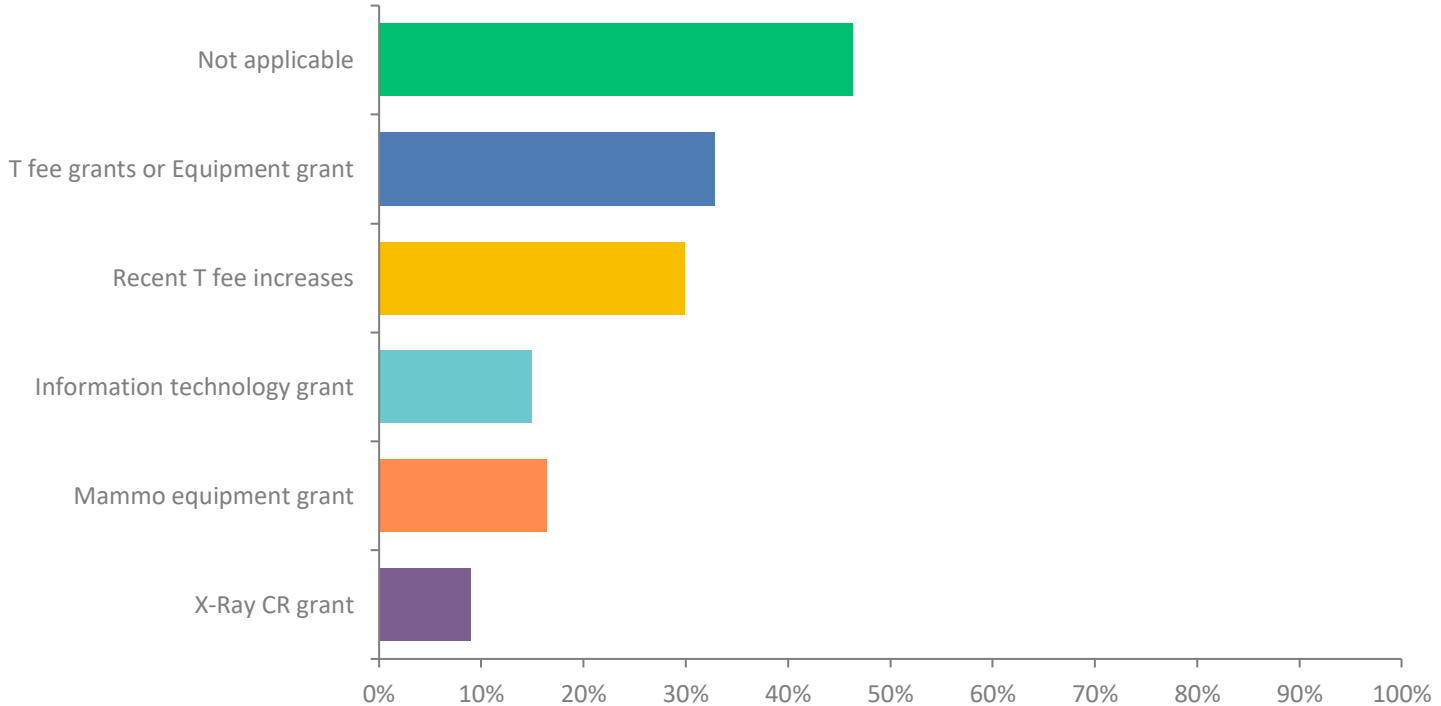
Q14: With the CPSOs implementation of equipment lifecycle ageing restrictions possibly making mandatory decommissioning of clinical equipment a reality and with the absence of any provincial equipment grants, how will your organization deal with the enforced shut down of clinical equipment you are presently using?

Answered: 67 Skipped: 5



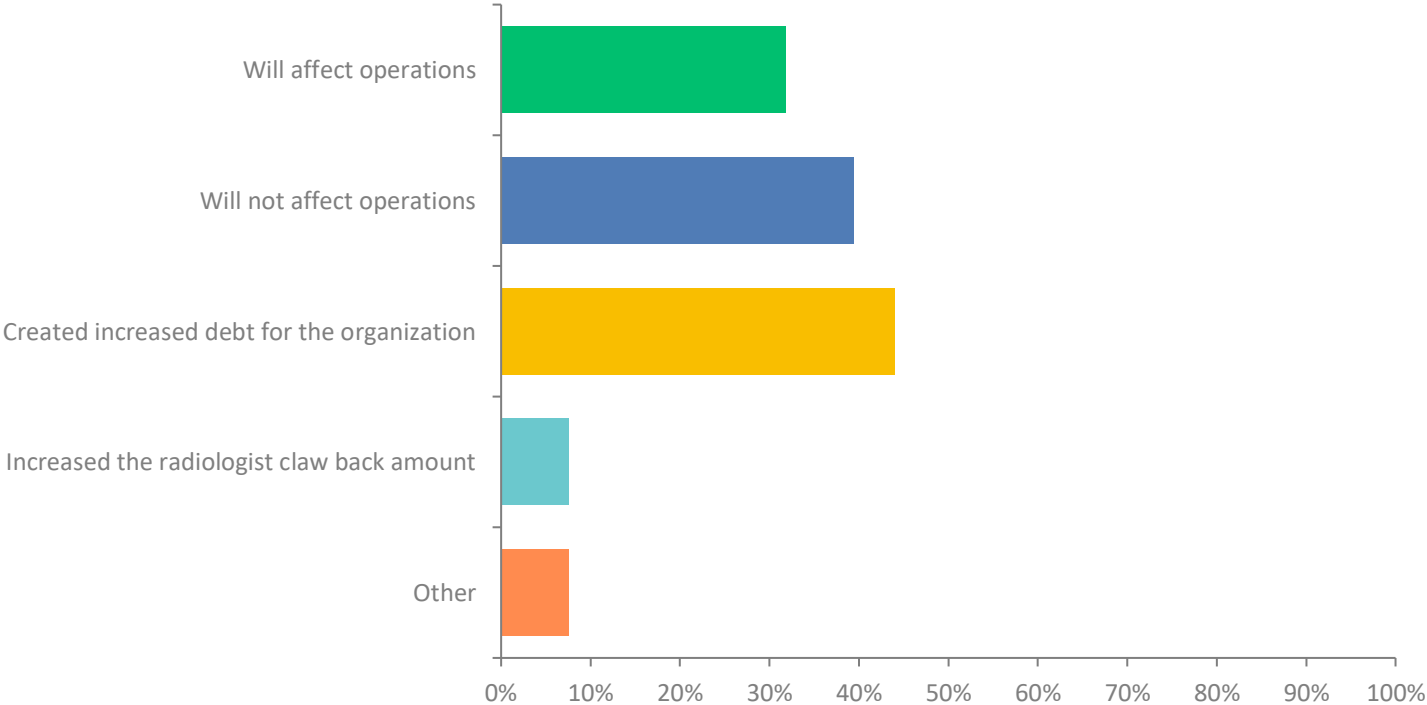
Q15: What current/past Ministry of Health incentives helped your company the most?

Answered: 67 Skipped: 5



Q16: What affect is the COVID loan advance repayment having on your organization. Check all that apply.

Answered: 66 Skipped: 6



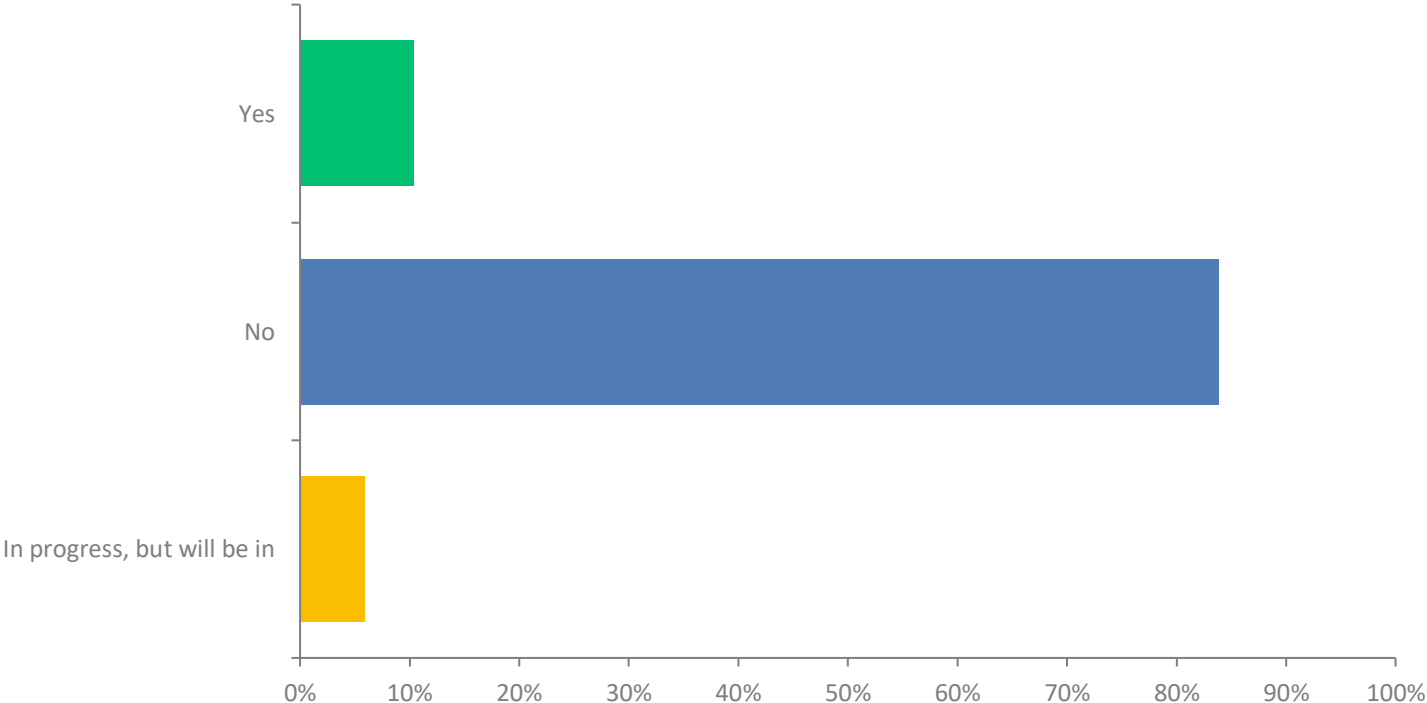
Q17 What should be done to enable financial stability for community based diagnostic imaging clinics?

cost pay staff hospitals fees grants need T fee
Increase T fees services increase clinic
equipment inflation equipment grants business
technical fees increase OHIP technologists

- Definitely address the labour shortage. The technologists have too much power and operators are at their mercy with requests for a lower workload, time off, ect. This already has had a negative impact on patient wait times for an appointment and clinic cash flow. An increase in T fees will only be swallowed up by the demand of technologists asking for a raise when they see that we got an increase.
- 1-increase technical fees 2- equipment grants from the Ministry of Health
- Allow for grants for community based services group purchasing discounts for equipment increase the number of technologists (Esp Nuc Med) coming out of school programs
- Change the requirements for education back to 24 months. 4 years is too long and too expensive as a University Degree program . Need people to push buttons
- charge patients for the services
- Clinic owners need to be able to have a profitable business, like any other business. In 7 years, there has been no money in the operation to pay me for all my time running the business and taking all the financial risk. The Ministry of Health is unfairly acting like the monopoly that it is and trying to squeeze us (and or staff) that soon enough patients will not have an out of hospital imaging option.
- Definitely address the labour shortage. The technologists have too much power and operators are at their mercy with requests for a lower workload, time off, ect. This already has had a negative impact on patient wait times for an appointment and clinic cash flow. An increase in T fees will only be swallowed up by the demand of technologists asking for a raise when they see that we got an increase.
- Equipment grants Increase in technical fees
- Equipment grants or the ability to continue to use equipment as long as there is a service contract in place, parts are still available, and the machine is up to date.
- Equipment grants to keep up with technology to serve the community.
- Equipment grants, T fee increases
- Grants as above for capital expenses. Increase T fees to be competitive for staffing
- Immediate 38% increase to T fees; 10% annually thereafter for 5 years. In absence of Increased T Fee, uninsured options (pt pay) has to be considered. Since we are basically non-profit now, consider HST rebates or exclusion on all medical supplies, property tax exemptions.
- Immediate increase of fees by at least 37.2% to match past inflation. Severe these fees from any negotiations with the OMA. MOHLTC implement annual inflation increases in all T fees that are separate from any professional fees.
- Increase fees
- increase OHIP fee
- Increase T fee reimbursements!
- Increase T fees
- Increase T fees
- Increase T fees according to inflation rates Equipment Grants
- Increase T fees and even professional fees because our clinic takes a percentage of professional fees.
- Increase T fees -making decommissioning of aging clinical equipment mandatory will affect it negatively.
- Increase T fees so that we can continue to operate and keep people from moving to other provinces such as Alberta. Unionized hospitals are bent upon making sure that the community clinics fail and nobody in the government is doing anything. Cut the bureaucracy so that foreign trained persons can get licensed.
- Increase T fees so we can compete with wages for techs
- Increase T fees!
- Increase T fees. Make more staff available through training.
- Increase the T fee
- Increase the technical fee support to pay high salary, increased rent and equipment cost
- Increased T-fees
- Introduction of facility fees.
- need more staffing and better reimbursement
- Need to fund increasing costs, and inflation, need to pay high cost of CPSO requirements which keep increasing
- Properly finance the service. The services should be paid equivalent to hospitals.
- Regular increase in Ohip fee's, plus more seats in medical related colleges to cope up with increasing population of Ontario.
- T fees that adequately meet the true cost of doing business. Then at least another 25% to ensure some profit and the ability to plan on replacement staff and equipment
- Technical fees should increase by at least 20% and grants should be given to replace ageing equipment
- T-fee must increase to support wage and benefit increases on par with hospitals technologists and general facility costs and be tied to inflation; grant funding for clinical DI equipment renewal; IT equipment grants and cyber security operational funding must occur for IHFs to be sustainable. Government to include MRTs and Ultrasound Technologists as eligible healthcare professions for the Ontario Learn and Stay grant for students. Without being included the staffing shortage will only get worse.
- The T fees should be increased, greater incentives/grants given to owners to run a profitable venture. Need to increase T Fees so we can hire and retain staff.
- We need a substantial increase in T fees

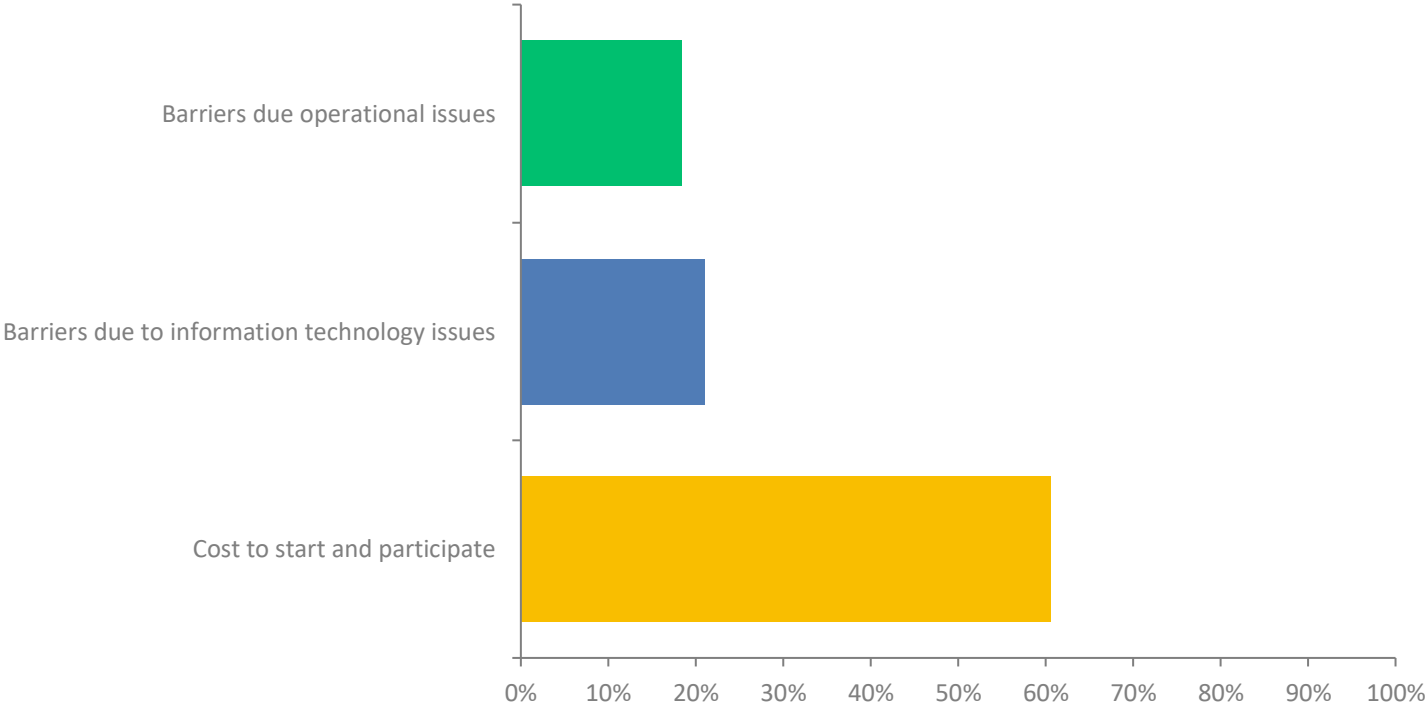
Q18: Are you currently on OCINet the provincial DI repository?

Answered: 68 Skipped: 4



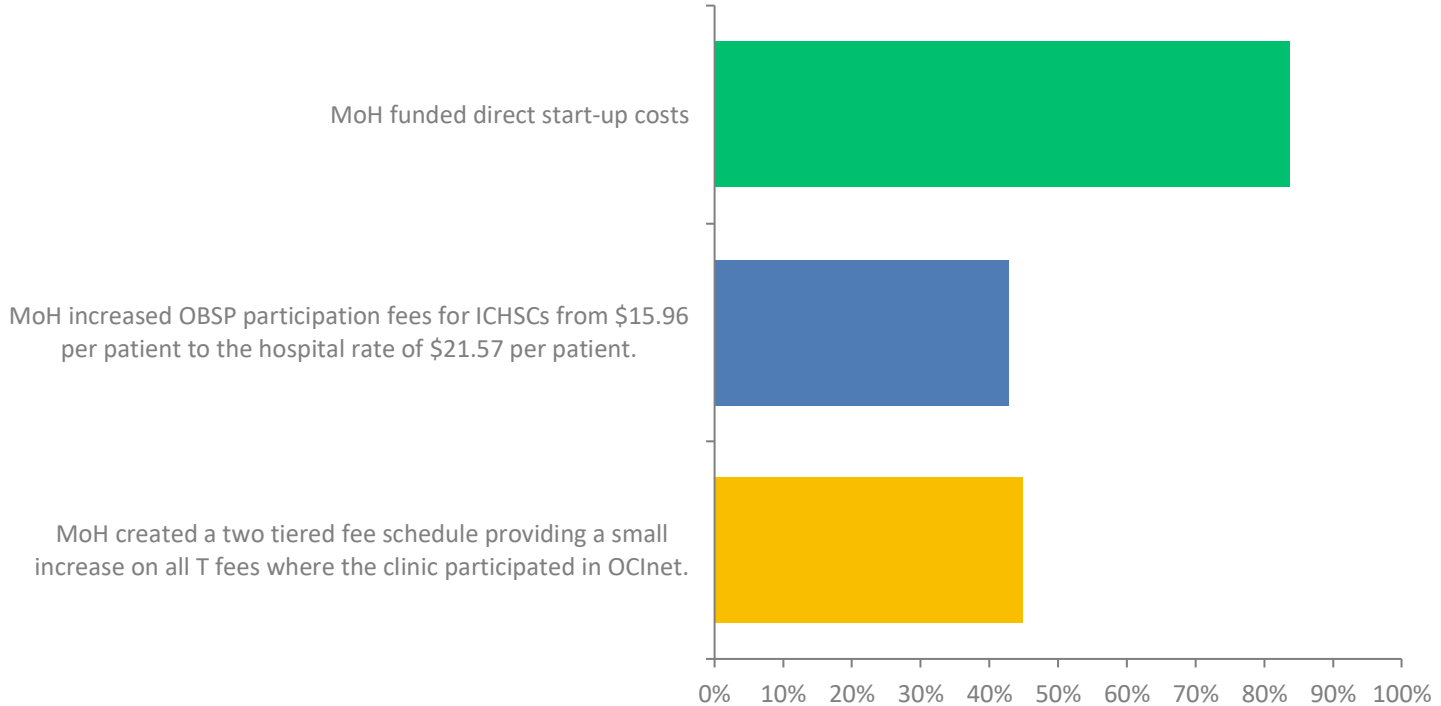
Q19: If your clinic is not participating in OCInet now or not planning to, why not?

Answered: 38 Skipped: 34



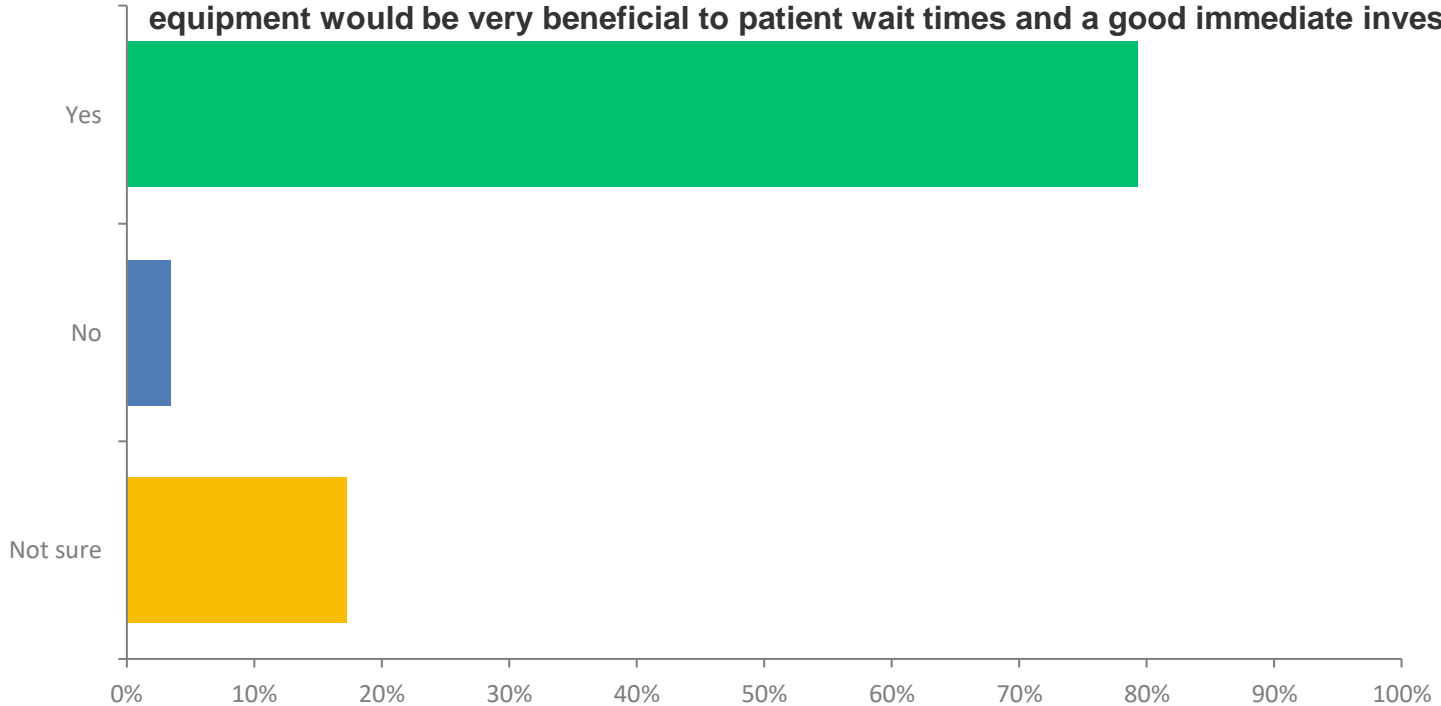
Q20: How likely would your clinic be to joining OCInet if... check all that apply.

Answered: 49 Skipped: 23



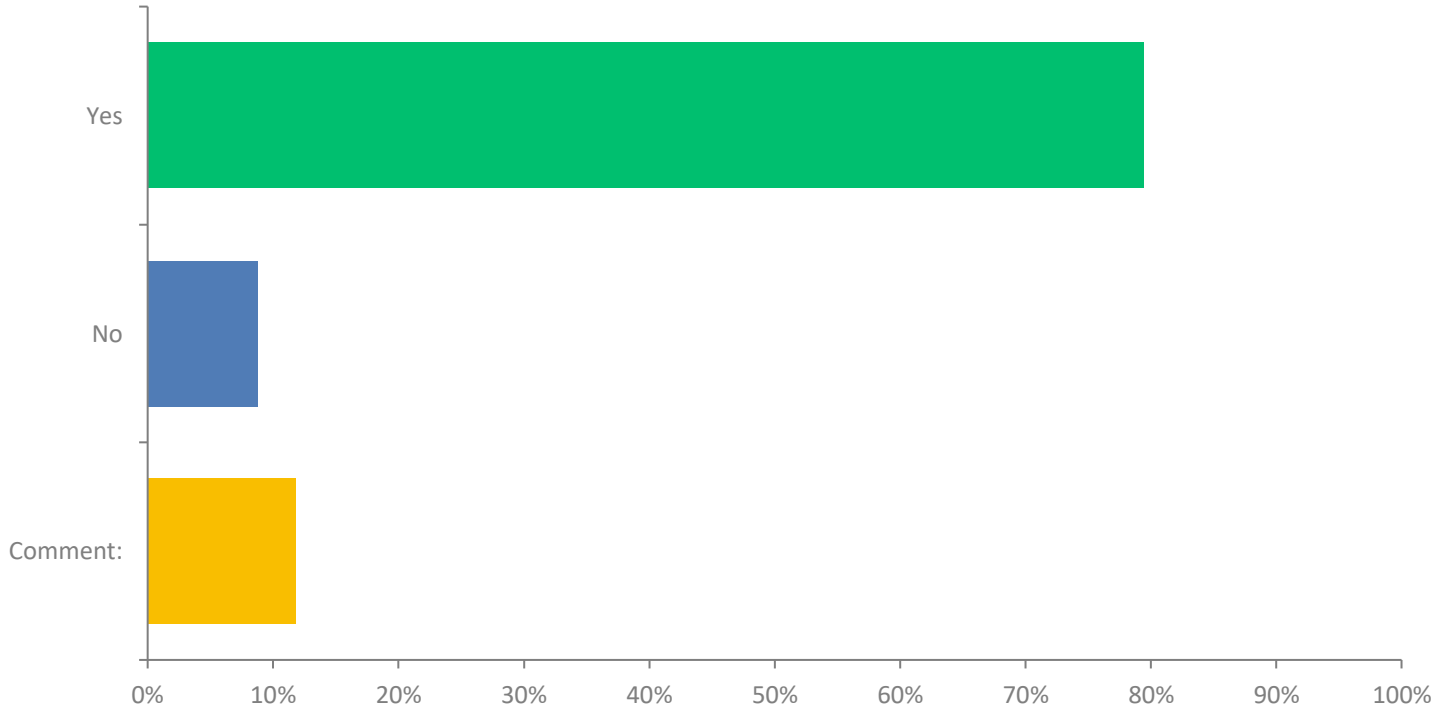
Answered: 58 Skipped: 14

Q21: The Federal government of Canada is signing individual agreements with each province so that that province can access their share of the \$73.9 billion to be distributed. Should ICHSCs be seeking to connect directly with the Federal government to suggest that a pan Canadian approach to funding the capital cost for new essential community based diagnostic equipment would be very beneficial to patient wait times and a good immediate investment?



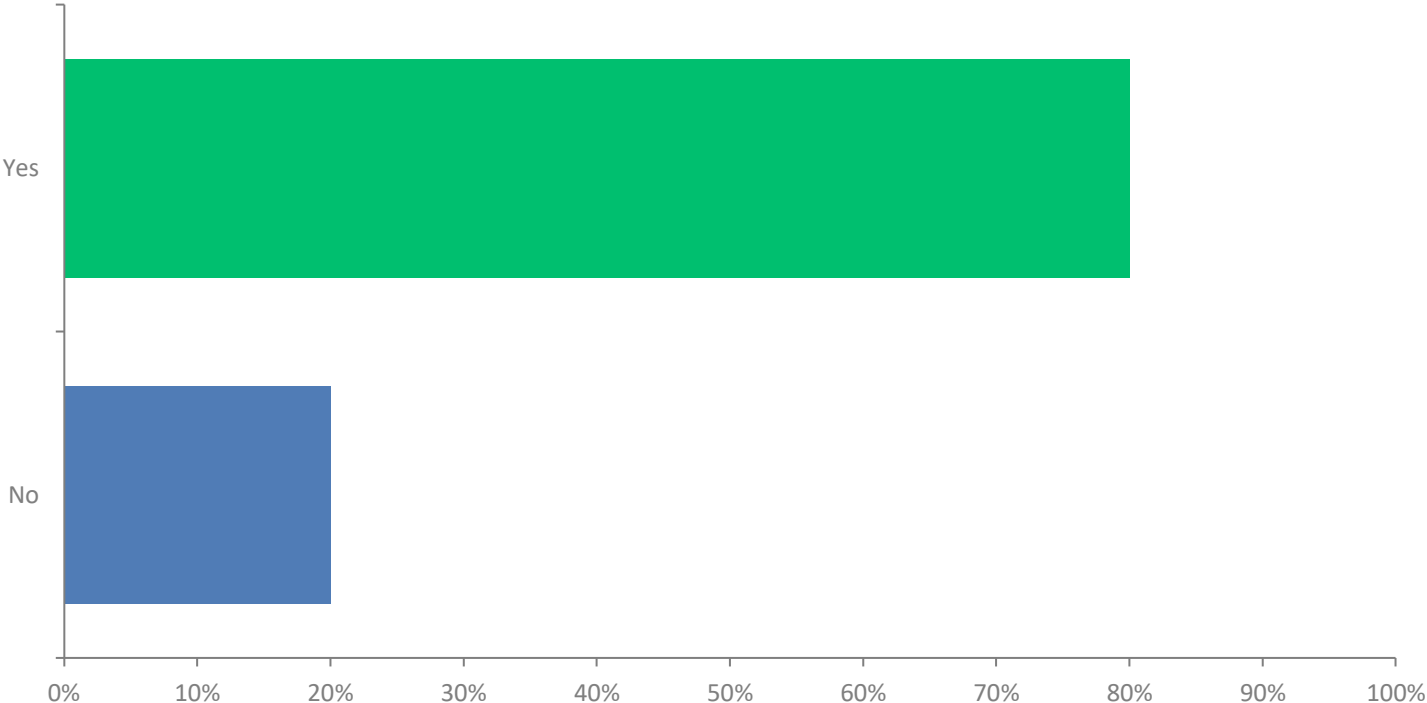
Q22: Should ICHSCs consider a public relations strategy, like the Optometrist employed a few years ago to educate the community, the media, politicians, and the Ministry of Health on what a big part of Ontario's healthcare system community based diagnostic imaging is and what would happen if these private clinics did not exist and what the threats are to ICHSCs in the foreseeable future?

Answered: 68 Skipped: 4



Q23: Should existing ICHCSs create a data base of relevant anonymous data respecting operating clinics?

Answered: 60 Skipped: 12



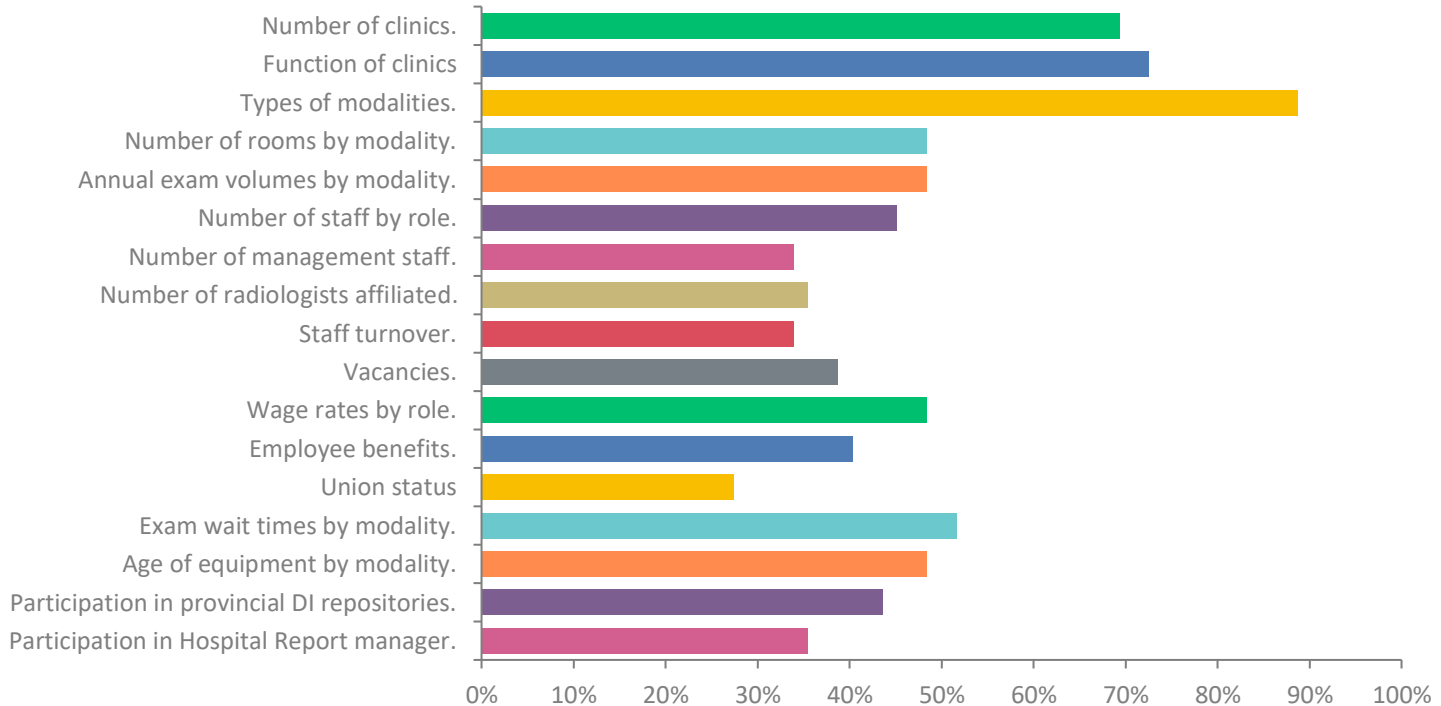
Q24



67 Responses 227 Clinics

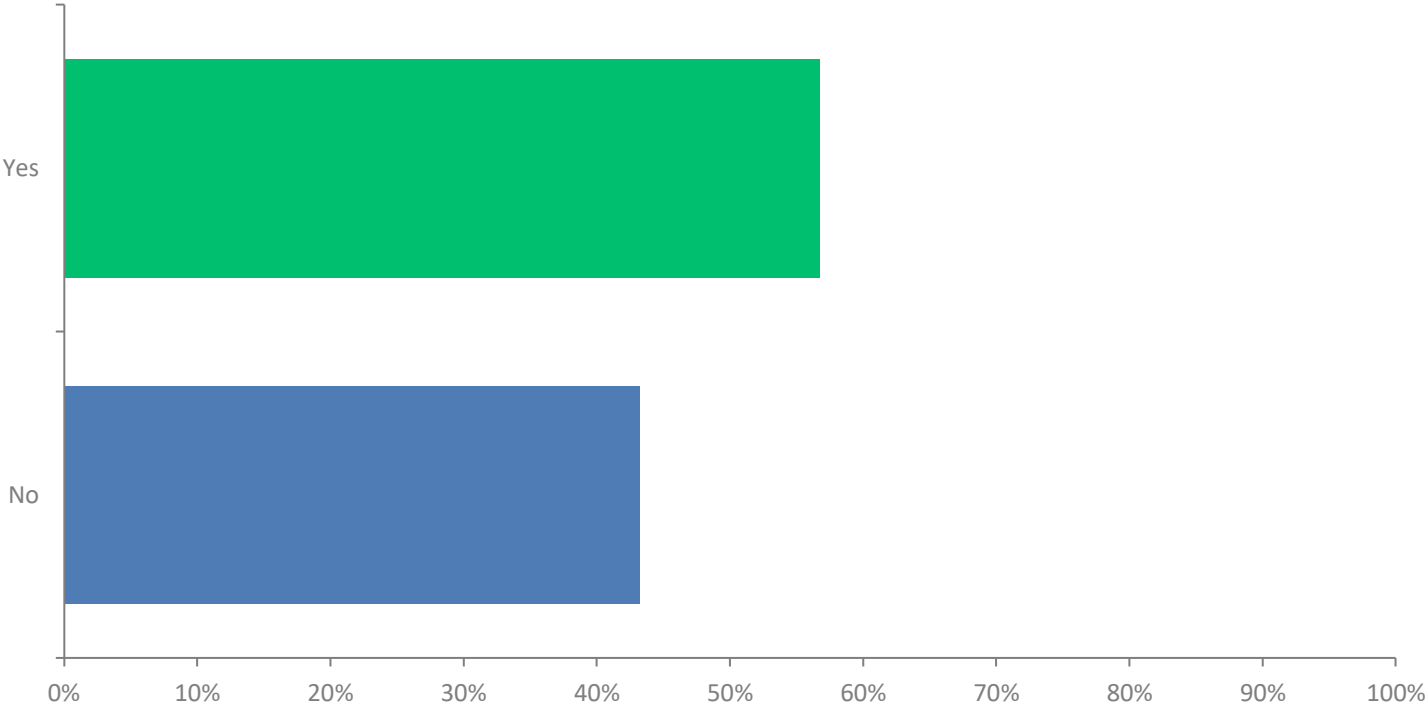
Q25: If there is a ICHSC provincial data base what elements should be included?

Answered: 62 Skipped: 10



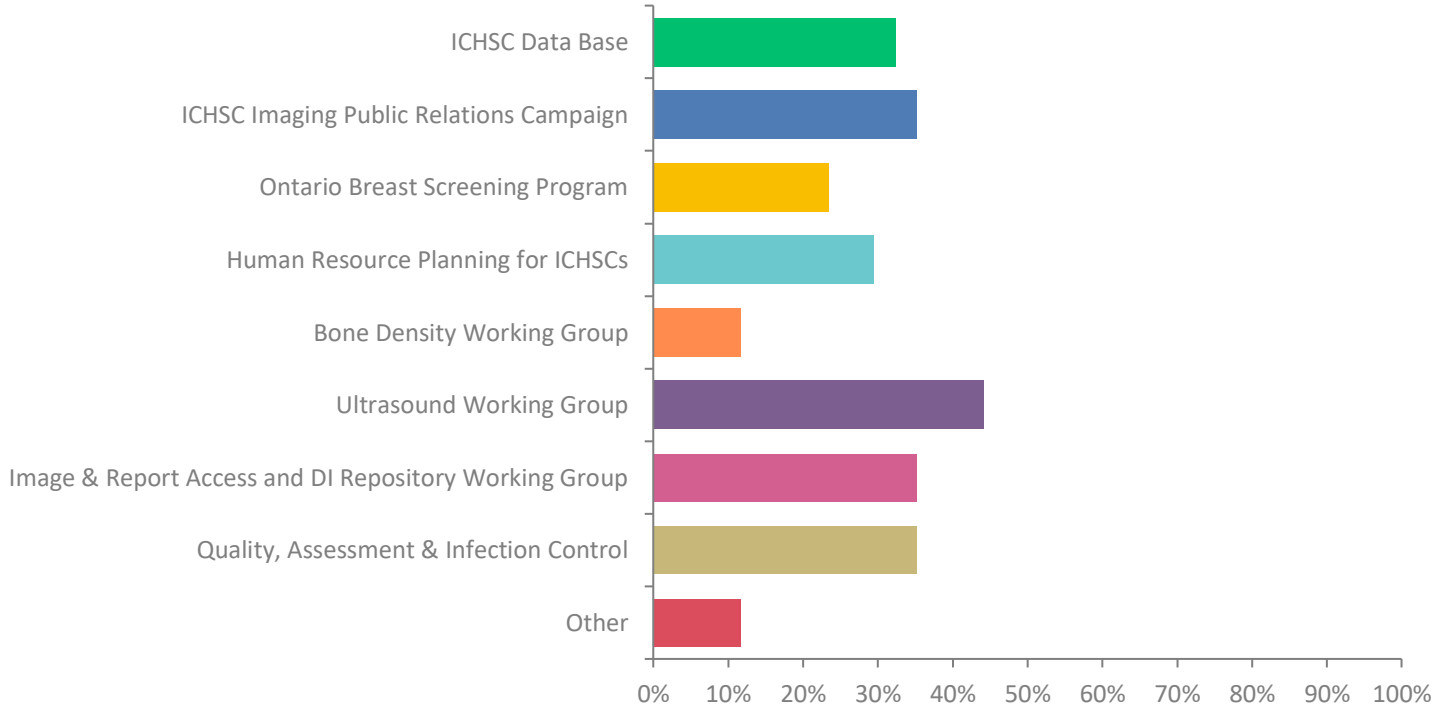
Q26: Would you or your organization like to be involved in a ICHSC task team working on a particular area?

Answered: 67 Skipped: 5



Q27: If yes, please indicate which Task Team and in the comment box provide name, organization and email address. If you have an idea for another Task Team please put in Other box as well.

Answered: 34 Skipped: 38



Q28: Has there been any significant ownership changes to your organization, if so when?

Answered: 70 Skipped: 2

