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# No Time to Wait

## Private, For-Profit Health Care and Wait-Times in Saskatchewan

Canadian Centre for Policy Alternatives – Saskatchewan Office

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Primary research was performed by Simon Enoch (PhD Toronto-Metropolitan). Any errors are the sole responsibility of the Canadian Centre for Policy Alternatives – Saskatchewan Office

## In any public discussion of health care in Canada, the question of wait-times will inevitably come to the fore. For many, wait-times have come to be thought of as indicative of the general health of our public health system.

So it is no surprise that governments of all stripes will promise to reduce or eliminate wait-times if elected. Certainly Saskatchewan is no different. Indeed, in its first term, the Saskatchewan Party government under Premier Brad Wall promised to reduce surgical wait-times in its 2009 throne speech, vowing to limit wait-times for surgeries to less than three months within four years (CBC News, 2009). And throughout its seventeen year long reign, the Saskatchewan Party has introduced multiple strategies and schemes to reduce patient wait-times for various medical services. In 2009 they introduced the Patient First Review, followed by the Saskatchewan Surgical Initiative in 2010 (Cowan & Hall, 2010, A1). In 2016, the one for one pay-for-service MRI and CT scan scheme was introduced and post-COVID, the government announced plans to reduce the surgical backlog caused by the pandemic through reliance on private, for-profit surgical providers (Graney, 2016; Vescera, 2022).

What all these strategies have in common is a reliance—to different degrees—on private, for-profit providers to reduce wait-times in our public system. While the government is keen to present itself as committed to the public system, it frames its preference for privatization as a practical, non-ideological approach, only concerned with results (Stadnichuk, 2021). Indeed, for the Saskatchewan Party, it is only those that are critical of private, for-profit health care that are the real ideologues. As former Premier Brad Wall argued in 2009 as he eyed increased private-sector provision of surgeries:

> Governments in the past… have been unduly handcuffed by dogma and ideology and philosophy and have been unwilling to look at innovations that might involve other partners to deliver results (Cited in Woods, 2009, A3).

So it is all the more ironic, given the government's position, that of all the strategies that they have undertaken to reduce wait-times, it is investment in the expansion and capacity of the public system that shows the most significant results in *actually* reducing wait-times. If the government was truly concerned with results, one would imagine that—as they try to climb out from the surgical backlog from the COVID pandemic—they would be keen to replicate the policies that had the most success in reducing wait-times. Unfortunately, rather than pursuing the policies that have actually delivered results, the government continues to hope that increased private, for-profit involvement in our public health system will rescue us—evidence to the contrary notwithstanding.

The following policy brief examines the effect that government policies have had on wait-times for various surgeries and diagnostic services in Saskatchewan over the past 14 years. Specifically, we explore the available wait-time data for Knee Replacement, Hip Replacement, Cataract and Hip Fracture Repair surgeries from 2010 to 2023. These types of elective surgeries have long been the "thorn in the side" of the Saskatchewan health-system due to their long wait-times (CBC News, 2009). Moreover, as these surgeries have recommended benchmarks for wait-times, we can compare Saskatchewan's progress versus the Canadian average. We

also examine wait-time data for MRI and CT diagnostic scans from 2015 to 2023, to assess the impact of the government's one-for-one MRI and CT scan initiative instituted in 2016 (Graney, 2016, A10). For our purposes, the impact of the Saskatchewan Surgical Initiative launched in 2010 is a key public policy intervention that deserves particular attention. As Andrew Longhurst summarizes, the "four-year Saskatchewan Surgical Initiative ran from 2010 to 2014, and involved $176 million of new funding for surgical services, with an additional $60.5 million in 2014-2015" (Longhurst, 2023, 11). The initiative included the following elements:

- creation of an online specialist directory;
- pooling referrals to enable patients to option to see the first available specialist in some specialties;
- increased funding for additional operating room nurses;
- a falls prevention initiative;
- a focus on reducing clinical variation and streamlining referrals through the introduction of single-entry referral pathways for hip and knee replacements, lower back pain, bariatric surgery, prostate assessment, and pelvic floor conditions; and
- outsourcing surgeries and diagnostic imaging to for-profit clinics.

The Saskatchewan Surgical Initiative (SSI) included both investments in the capacity of the public system, and the contracting out of day surgeries to for-profit private clinics. This differs from more recent government strategies—such as the one-for-one MRI and CT scan scheme and recent efforts to reduce the post-COVID surgical backlog that rely almost exclusively on for-profit private contractors. As Longhurst observes, since the end of the SSI in 2014, Saskatchewan has "prioritized private financing and private delivery instead of increasing public sector capacity and scaling up system improvements" (Ibid, 11). So while the SSI did include a private, for-profit component, it is interesting to contrast what government investment in the public system to increase its surgical capacity delivered, versus the more privatized approach the government has privileged since the end of the SSI in 2014. While advocates of private, for-profit delivery of healthcare like to point to the private component of the SSI as evidence of its success, it is curious the degree to which the public investment component is often ignored (See MacKinnon, 2016). Certainly, this investment in the public system was not trivial. As Longhurst demonstrates in detail, the SSI delivered a "significant short-term injection of funding to expand public surgery capacity" in the province:

> Public hospital operating room funding steadily climbed from $129 per capita in 2009-2010 to $158 per capita in 2013-2014. The increased public sector capacity is also reflected in the increase in staffed medical and surgical beds during the SSI, which is another indicator of the increased capacity that sustained greater surgical volumes. The number of funded and staffed medical and surgical recovery beds went up from 136 per 100k population in 2009-2010 to 218 per 100k in 2012-2013, and declined to 173 per 100k in 2020-2021 (Longhurst, 2023, 12).

The results of these investments were impressive. As the following tables demonstrate, the percentage of patients receiving elective surgeries within the recommended benchmarks during the SSI period rose substantially. As we can see from the following figures, there is a significant improvement in the number of surgeries achieved within the benchmark time-frame for three of the four elective surgeries during the funding period of SSI.

Only Hip Fracture repair rates appear not to have substantially improved under the SSI. This may be due to the 48 hour benchmark threshold that might not respond as well to the efficiencies brought in under the SSI. Nevertheless, Saskatchewan achieved considerable

**Figure 1: Hospital Medical and Surgical Beds Staffed and in Operation per 100k in Saskatchewan, 2009-2010 to 2020-2021**

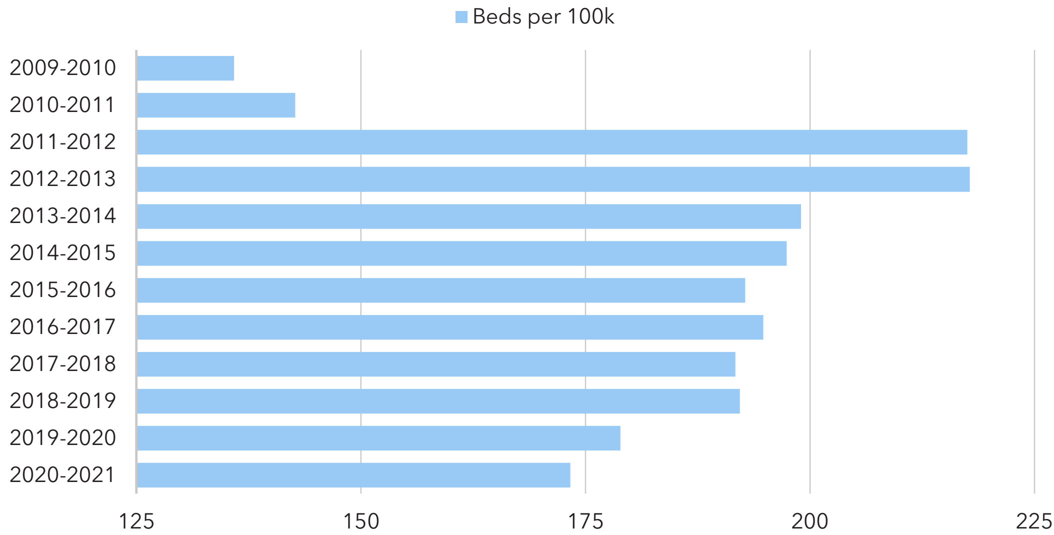
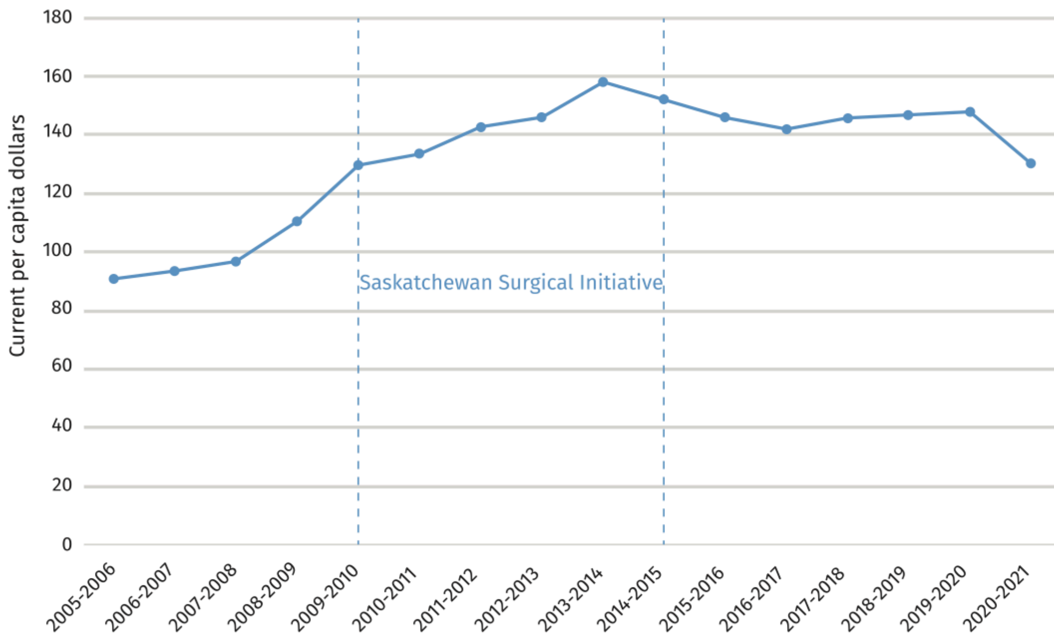



**Figure 2: Per-capita Hospital Operating Room Expenditure in Current Dollars in Saskatchewan, 2005-2006 to 2020-2021**




All data in Figures 1 and 2 is reproduced from Andrew Longhurst (2023) *Failing to Deliver: The Alberta Surgical Initiative and Declining Surgical Capacity*. University of Alberta: Parkland Institute.

wait-time improvements under the SSI. However, we can also see that once the funding for increased public capacity was ended — wait-times quickly deteriorated, eventually returning Saskatchewan's wait-times for hip and knee surgeries to the worst in the country by 2022-2023 — despite the volume of private, for-profit surgeries in the province at its then highest (Quon, 2024).[1] Since 2014, the Saskatchewan government has almost exclusively relied on private for-profit providers in its quest to reduce wait-times. As the above figures demonstrate, this has been a losing proposition. Moreover, if the reliance on private surgical facilities is as innovative and effective as the government claims, why is it that it was only during the period of the SSI that Saskatchewan produced results greater than the Canadian average? Since the end of SSI funding, Saskatchewan has performed below the Canadian average for meeting the benchmark wait-times for these surgeries. If the Saskatchewan government was truly 'only interested in results,' it would have replicated the Saskatchewan Surgical Initiative and its investment in the public system's capacity to reduce the surgical backlog produced by the COVID pandemic rather than rely on private, for-profit providers.

**Figure 3: Percentage of Patients Receiving Hip Replacement Surgery Within Benchmark (26 weeks)**

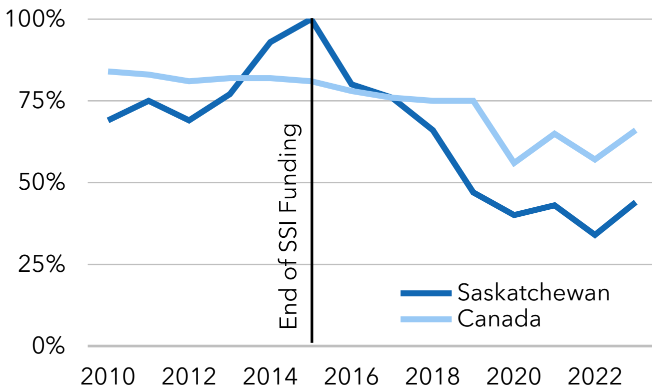



**Figure 4: Percentage of Patients Receiving Knee Replacement Surgery Within Benchmark (26 weeks)**

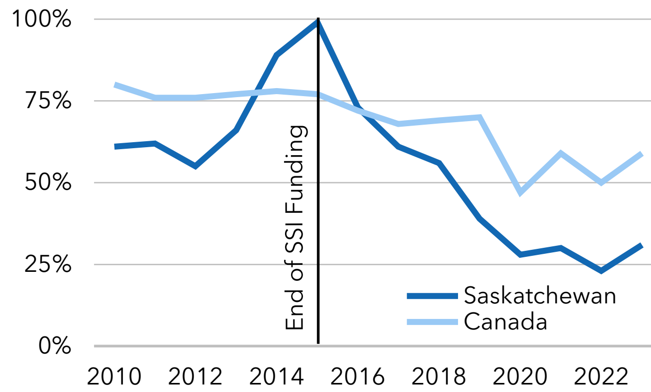



**Figure 5: Percentage of Patients Receiving Cataract Surgery Within Benchmark (16 weeks)**

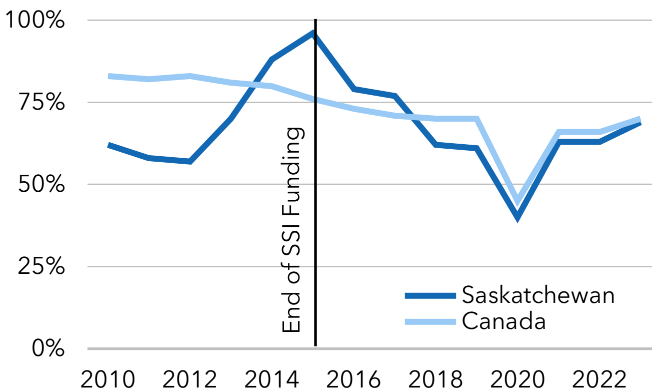
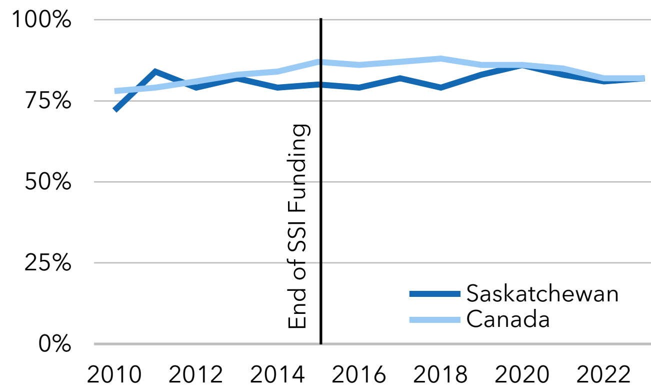



**Figure 6: Percentage of Patients Receiving Hip Fracture Repair Surgery Within Benchmark (48 hours)**




All data for Figures 3 to 6 via the Canadian Institute for Health Information. *Wait Times for Priority Procedures in Canada – Data Tables*. Ottawa, ON: CIHI; 2024.

1 See Figure 12: *Surgical Volumes at Private, For-Profit Providers since 2014.*

# MRI and CT Scans

In March of 2016, the Saskatchewan government introduced its "One-for-One MRI" strategy. Under this initiative, patients could pay a private, for-profit provider for an MRI scan out-of-pocket. The private provider would then be compelled to offer an additional scan to a patient on the public waiting list (Hunter, 2020).[2] A few months later, the government would introduce the same scheme for CT scans (Langenegger, 2016). This was a significant departure for the Saskatchewan Party government. Previously it had rationalized its use of private, for-profit health providers by assuring the public that their introduction would not allow patients to pay-out-of-pocket or jump to the head of the line over those waiting in the public system (CBC News, 2010). Indeed, when asked about a proposed private MRI centre in 2008, Premier Brad Wall said "offering medical services such as an MRI for a fee seems to be outside the Canada Health Act, and is an area where the government doesn't want to tread" (Hall, 2008). Nevertheless, on the eve of his third term as Premier, Mr. Wall was now singing the praises of allowing patients to both pay-out-of-pocket and, by virtue of their quicker diagnosis, potentially receive quicker treatment. In a letter to the Premier, the Saskatchewan Medical Association warned that allowing people to pay privately for MRIs runs "contrary to the fundamental principle of medicare" and "does not appear to reduce wait times" (Canadian Press, 2015).

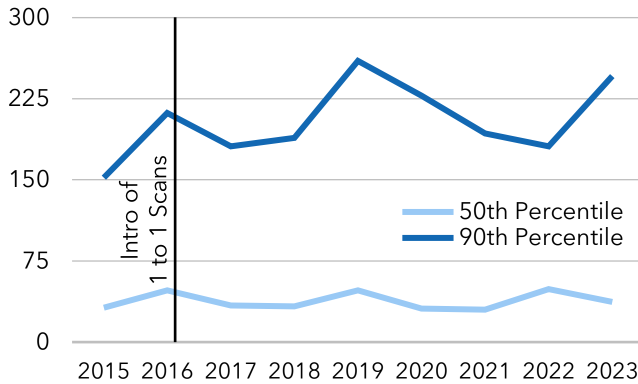
Despite these protests — and the warnings of the federal government that the scheme did indeed contravene the Canada Health Act — the Saskatchewan government has maintained the one-for-one initiative. Indeed, recently Premier Scott Moe heralded the scheme as a Saskatchewan success story (Moe, 2024).[3] However, when one looks at the results of the MRI/CT scan scheme on waiting-times, there is less to celebrate. As we can see below, the 50th percentile of patients receiving an MRI post-one-for-one scheme is relatively flat, with patients waiting between 20 to 30 days for a scan.[4] However, for the 90th percentile, waits have soared since the implementation of the scheme, from a 152 day wait in 2015 to a 246 day wait in 2023. We see the same trend with CT scans, with half of patients waiting between 17 to 31 days for a scan between 2015 to 2023. The 90th percentile — or one in ten patients — experienced a lot of volatility in wait-time duration, from a low of 53 days in 2015 to a high of 152 days in 2022.

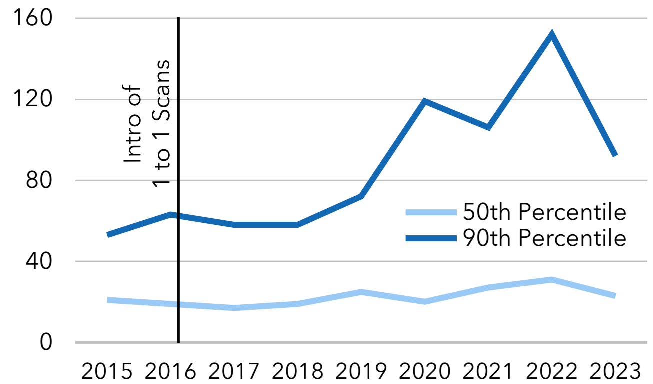
It is important to note that during this period, the volume of MRI and CT scans did increase. MRI volumes witnessed a modest increase from 11,584 scans in 2015 to 12,418 scans in 2023. CT scans saw a much more marked upward trend, going from 19,705 scans in 2015 to 25,260 scans in 2023.

2 This was deemed to be a "free of charge" scan by the then Health Minister Dustin Duncan, but in reality the patient was paying for their own private scan as well as the public one (See CBC News, 2016).

3 In April of 2024, the Federal government deducted $1 million in Health Transfer payments to Saskatchewan due to patient charges for diagnostic imaging services at private clinics (See Sciarpelletti, 2024).

4 50th percentile: Half of all patients waited this many days before receiving care. 90th percentile: 1 out of 10 patients waited this many days or more before receiving care.

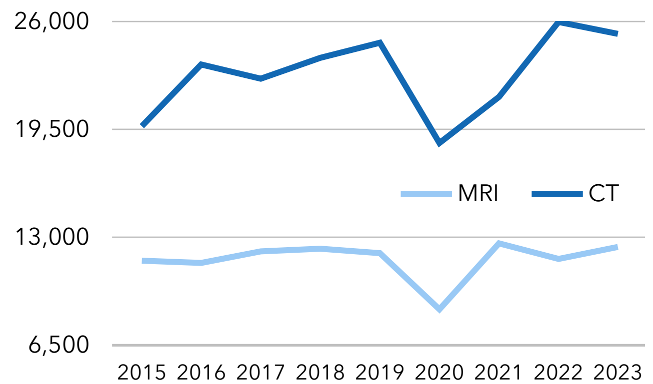



All data for Figures 7 to 9 via the Canadian Institute for Health Information. *Wait Times for Priority Procedures in Canada – Data Tables*. Ottawa, ON: CIHI; 2024

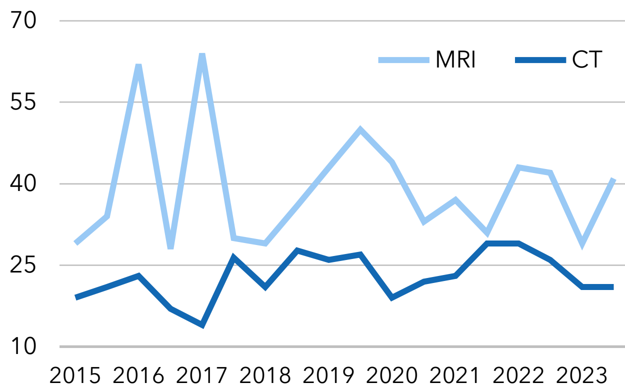
***"No one will be able to use a bulging wallet to jump the queue."***

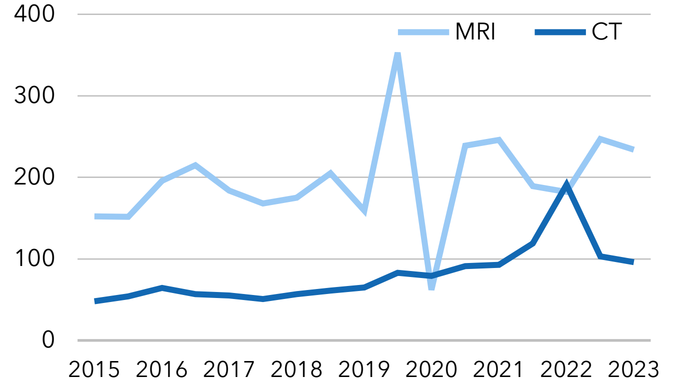
***Brad Wall, Regina Leader-Post***
***October 23, 2009***




This time period also witnessed an increase in MRI and CT scan requests, resulting in a doubling of the wait-list for MRIs between 2015 and 2019 (Hunter, 2020). So any evaluation of wait-times must take into consideration this increased demand. Nevertheless, the government introduced the one-to-one scheme as an *explicit strategy* to reduce wait-times. As Premier Brad Wall stated when first floating the scheme, "It does make sense that the wait list is going to shrink because those who want to pay will come off that public wait list and they'll get their MRIs and thereby shortening the wait list for all, whether they want to pay or not" (Cited in CBC News, 2014). So we need to evaluate to what extent the scheme has meaningfully reduced wait-times since its introduction.

As we can see below in Figure 10, median wait times for MRI's do not appear to have been significantly reduced by the one-to-one scheme—if at all. In fact, median wait-times for MRIs rarely reached below the median wait-times achieved in 2015, prior to the introduction of the scheme. Similarly, while CT scan median wait-times show a small dip in 2016/2017, they soon exceed the median wait-times experienced prior to the introduction of the one-to-one scheme. The picture is decidedly worse for those one in ten patients that wait the longest for medical imaging (Figure 11). For the 90th percentile waiting for an MRI or CT scan, the period after the introduction of the one-to-one scheme is one of significant volatility. MRI wait-times




All data for Figures 10 and 11 via the Government of Saskatchewan, *Medical Imaging Wait-Times Dashboard*

moved from a 152 day wait in April of 2015 to a high of almost a year (353 days) in October of 2019. While there was a significant dip during the COVID period, the wait-times for the 90th percentile stayed stubbornly high relative to 2015 since the end of COVID restrictions. For the 90th percentile waiting for a CT scan, wait-times see a slow, steady increase from 2015, moving from a 48 day wait in April of 2015 to a high of a 191 day wait in April of 2022. As with median wait-times, there is no real, sustained reduction for the 90th percentile.

So it certainly does not appear that the government's one-to-one scheme has had a discernible impact on wait-times. Indeed, public health policy advocates warned that increased capacity for medical imaging would not necessarily translate into reduced waiting-times. Prior to the introduction of the one-to-one scheme health policy analyst Steven Lewis cautioned that:

> Adding MRI capacity without identifying and eliminating inappropriate scans simply feeds the beast. Doctors have come to realize that more is not always better. Policy-makers should take note (Cited in Regina Leader-Post Editorial Board, 2015).

Similarly, former Saskatchewan NDP leader Dr. Ryan Meili pointed to the Alberta experience noting that, despite having the second highest number of scanners per capita, it boasted the longest wait-times in the country, "suggesting that overuse may be a problem — a phenomenon that may actually be exacerbated by excess capacity" (Meili, 2014). Indeed, the Canadian Institute for Health Information found that up to 30% of diagnostic scans and imaging may be medically unnecessary (CIHI, 2017). For instance, the CIHI observes that X-rays, computed tomography (CT) scans and magnetic resonance imaging (MRI) scans for lower-back pain rarely show the cause of the pain and can harm patients when there are no indications of serious underlying conditions (Ibid, 21). As the report further argues, unnecessary tests and treatments are:

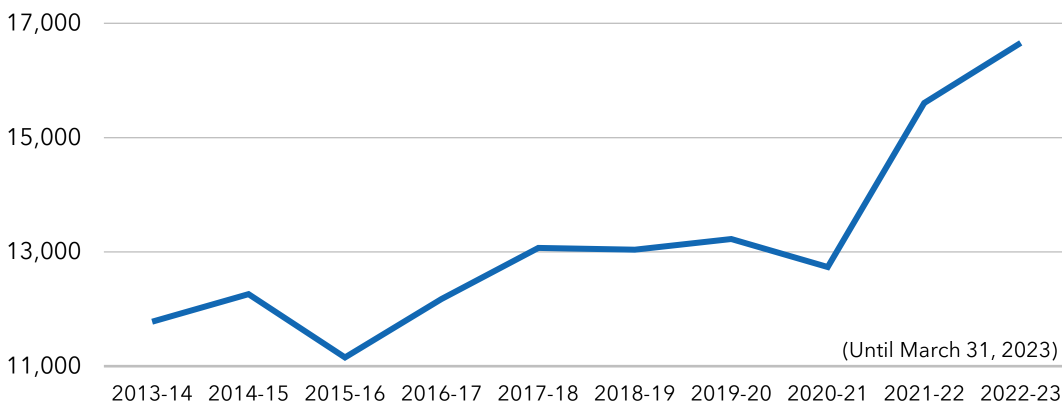
> Not helpful and they potentially expose patients to harm, more testing to investigate false positives and anxiety. Unnecessary care also wastes system resources and contributes to longer wait times (Ibid, 8).

Steven Lewis further argued that "adding private MRI clinics may only exacerbate the problem as clinics begin marketing diagnostic scans to people who may not need them" (Cited in CBC News, 2015). While the Saskatchewan government recognizes the need to curtail medically unnecessary tests and treatments, it may be that one of its signature health policies is actually working at cross-purposes to achieve that goal (See Warick, 2017).

Whether it is for-profit surgical clinics or pay-for-play diagnostic scans, the fact is that our healthcare system only has a limited pool of skilled healthcare professionals to draw upon. Unless you substantially grow that pool of healthcare providers, the introduction of private, for-profit providers will compete for that same pool of talent—drawing capacity and expertise away from the public system (Casey, 2023; Longhurst, Cohen & McGregor, 2016). With the ability to attract talent through higher rates of pay, signing bonuses, regularized hours and less complex patients, private health providers don't compliment the public health system as much as they cannibalize it. This can create a vicious circle, where the poaching of professionals from the public system contributes to chronic under-staffing, increasing workloads and deteriorating quality of care that is then used to justify further privatization of the public system. Rather than forcing our public system to compete in a zero-sum game with private, for-profit health providers that have delivered little in the way of results, the government needs to protect the integrity of our public health system.

As this policy brief demonstrates, despite the Saskatchewan Party government's preference for private-sector solutions to the wait-time problem, the only significant reduction in wait-times came through concerted public investment in the capacity of the public system via the Saskatchewan Surgical Initiative. Once that investment ended and the province relied solely on private providers, wait-times increased once again. Its foray into private, pay-out-of-pocket health care via its one-for-one MRI/CT scan scheme has not demonstrably reduced wait-times—despite that being the primary justification for its introduction. And for those one in ten patients that wait the longest for medical imaging, wait-times since the introduction of the one-to one scheme have become markedly longer. The government might want to paint this as a success story, but we doubt those patients waiting the longest for medically necessary diagnostic tests would see it that way. As we stated at the outset, the government likes to portray itself as above ideology, concerned only with "results." The results are in, private solutions to our healthcare crisis are not working. Let's return to what does—public investment in our public healthcare system that prioritizes medical need over private wealth.

**Figure 12: Surgical Volumes at Private, For-Profit Providers since 2014**




Saskatchewan Health Authority, *Freedom of Information Request SHA 24-25-0775*

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