STANDING COMMITTEE ON HUMAN SERVICES

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STANDING COMMITTEE ON HUMAN SERVICES

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Saskatoon Meewasin

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Saskatoon Eastview

Hon. Nadine Wilson
Saskatchewan Rivers

Published under the authority of The Hon. Dan D'Autremont, Speaker

[The committee met at 18:58.]

The Chair: — Good evening everyone. Tonight we have Mr. Marchuk, Mr. Parent, Mr. Tochor, Ms. Wilson, and Mr. Hart as well as Ms. Chartier. I'm Greg Lawrence. I'm the Chair.

Our first order of business today is to table a document, and I table document HUS 22/27, Ministry of Health response to a question raised at the April 2nd, 2015 meeting of the committee regarding the 2014 long-term care quality assessments.

On the agenda tonight is Bill No. 179, *The MRI Facilities Licensing Act*. We are scheduled for three hours tonight and the time now being 6:59, are we prepared to proceed at this time?

Some Hon. Members: — Agreed.

[19:00]

Bill No. 179 — *The MRI Facilities Licensing Act*

The Chair: — Okay, we will move on to Bill No. 179, *The MRI Facilities Licensing Act.* By practice, committee normally holds a general debate on clause 1, short title. Minister Duncan is here with his officials. Minister, if you would please introduce your officials and make your opening comments.

Clause 1

Hon. Mr. Duncan: — Thank you very much, Mr. Chair, and good evening to committee members. With me this evening to my left is Karen Lautsch, assistant deputy minister; to my right is Mark Wyatt, assistant deputy minister. As well in the room we have with us Max Hendricks, the deputy minister of Health; Luke Jackiw, director of hospitals and specialized services in our acute and emergency services branch; Elaine Geni, project manager in the same branch, hospitals and specialized services in the acute and emergency services branch; and Rick Hischebett, our Crown counsel with the Ministry of Justice.

I'm very pleased to be here before the committee this evening to discuss *The MRI Facilities Licensing Act*. Since 2007 our government has focused on improving patient access to needed diagnostic and treatment services in Saskatchewan. However at this moment, patients are waiting longer for MRIs [magnetic resonance imaging] than any other specialized diagnostic medical imaging service. Over 6,000 patients were waiting for an MRI scan as of July 31st, 2015.

Providing timely and high-quality diagnostic imaging services to Saskatchewan patients is of high priority for our government. This new Act and regulations will pave the way for patients to directly pay a private operator for an MRI scan that is medically necessary.

I believe that private-pay MRI service will give patients who require a medically necessary MRI scan more options over their own care decisions. It will also ensure Saskatchewan people who choose to pay for an MRI can access that service in their own province.

The unique-to-Saskatchewan requirement will ensure that there is also a benefit to the public system by requiring private providers to provide a second scan, at no charge, to an individual who is waiting on the public list.

We know that Saskatchewan patients currently travel to Alberta and other jurisdictions where they do have the ability to pay out of pocket for their MRI. We are aware of at least three other Canadian provinces where private-pay MRIs are available.

When we introduced the legislation in the spring of 2015, we indicated it would be implemented as soon as spring of 2016. This bill has generated a lot of public discussion, and formal consultations have been conducted over the past several weeks. Subject to approval of the legislation through the Assembly, we remain on track with the implementation time frame.

Over the past number of months since this legislation was first introduced, as I said, there has been lots of discussion surrounding the expansion of diagnostic services in the province. Since 2007 the government has doubled the number of MRI units in the province. There are currently six MRI units in Saskatchewan hospitals, four in Saskatoon and two in Regina. Another hospital-based MRI unit will soon be operating in the new regional hospital in Moose Jaw. This could begin as early as the fourth quarter in the 2015-16 fiscal year and will be the first hospital-based MRI outside of Regina or Saskatoon.

Government certainly has not been afraid to find new ways to deliver important health care services outside of the typical hospital-based way of service delivery. Since 2010 we've been delivering surgeries through private surgical service centres in both Saskatoon and Regina with over 47,000 surgical procedures performed outside of hospitals by community providers in that time.

We've also introduced the delivery of private diagnostic services in Saskatchewan. The Regina Qu'Appelle Health Region has entered into a contract with one private firm to provide MRI service to patients in the publicly funded and administered system in two locations in Regina. In 2014-15, over 3,000 MRI scans were delivered privately and there's projected to be over 5,500 MRI scans provided by the private clinics in the 2015-16 fiscal year.

In addition to privately delivered MRI scans, there were also 14,600 CT [computerized tomography] scans that were delivered by a private provider in 2014-15 with over 16,000 CT scans expected to be delivered in 2015-16. Delivering these services through private providers has helped to provide better access to care in a community setting, and we've received positive feedback from patients.

While we have doubled the number of MRI units in the province, we've also seen the demand double. Seven years ago, 15,700 patients received services compared with the more than 33,000 patients who received an MRI in 2014-15. Despite the significant investment and expansion of public diagnostic services, long wait times for patients remain.

Thankfully patients needing an emergent MRI scan receive it immediately. However, waits for other levels of acuity are far too long. For urgent scans, patients in Saskatchewan wait an

average of 40 days where the target is two to seven days, and wait 43 days and 28 days in Saskatoon and Regina respectively. For semi-urgent scans, the average wait in Saskatchewan is 157 days when the target is between 8 and 30 days, and 168 days and 131 days in Saskatoon and Regina respectively. And for non-urgent scans, patients in Saskatchewan wait an average of 230 days for a scan that should be performed between 31 and 90 days, with patients waiting 237 days and 159 days in Saskatoon and Regina respectfully.

Because of these long wait times, as I've noted before, patients needing an MRI scan do often make the choice to go out of province, including to Alberta and other jurisdictions, to pay privately to obtain an MRI scan. I believe that patients should have a choice to obtain a similar service here in Saskatchewan. We are committed to putting patients first and improving patient access to service. We believe that implementing the option of paying for medically necessary MRI services can help us to achieve these goals for our province.

Under this proposal, every time a private firm provides a scan to somebody who has chosen to pay for their own MRI, private providers would be required to provide a second scan, at no cost to the patient or to the public, on the public list. Essentially what we would see is that for every patient who chooses to pay for a private MRI scan, two patients would be removed from the public list. That's because both the patient who chooses to pay for their scan and the second patient are both on the public wait-list.

The existing process of a patient seeing their physician to obtain a referral for an MRI will remain the same. A patient will not be able to walk in to a facility off the street and demand and receive an MRI scan without a referral from a physician. Once the referral has been entered into the provincial radiology information system, the hospital imaging department can provide an estimated wait time to receive a publicly funded MRI to the patient or to their physician. At that time the physician or the patient can decide to contact a private provider who would book the patient for a private-pay procedure.

Once the private-pay procedure is completed, the health region will identify the next patient on the wait-list who would receive a scan from a private provider at no additional cost to the patient or to the public health system. The region would contact the facility directly to schedule the appointment within an appropriate time frame.

Once *The MRI Facilities Licensing Act* is passed and proclaimed, should it be the will of the committee and the legislature, private facilities, either existing or new, would be eligible to apply to the government for a licence to provide private-pay MRI services. Consultations on the regulations are in the closing stage and explore the subject of potential private providers setting their own private-pay rates.

Again we know that Saskatchewan residents have for many years gone outside of the province to Alberta and to other jurisdictions to obtain a privately paid MRI scan. If this is done, we do not prohibit the use of that diagnostic test simply because it was paid for privately, and patients are able to access follow-up treatments, like surgeries or therapies, within the public system when they return to the province. I believe that patients should be able to have that choice to access similar kinds of services at home here in Saskatchewan. And with that I would be pleased to take the committee's questions.

The Chair: — Ms. Chartier.

Ms. Chartier: — Thank you, Mr. Minister. And to all your officials here today, thank you for your time here tonight. I'm sure we'll have an interesting discussion. I'll have some very general questions and then some very sort of specific, technical questions or questions on numbers as well, as we go through the evening.

In terms of sort of a general question, I'm wondering how you came up with this idea. I know the Premier just a short while ago, not too many years ago, commented that you shouldn't access health care with a big, fat wallet. That was a direct quote, I believe, in the *Leader-Post*. So this is a totally different course that you're charting here than the Premier had cited just a few years ago. So I'm wondering how you've come up with this idea or come to this place.

Hon. Mr. Duncan: — Thank you for the question. So the, I guess the genesis for where the idea came from was, I guess it would have been about a year ago Premier Wall was on a call-in show and I believe somebody called in asking why they don't have the option in Saskatchewan as they would in other provinces to go out of province to pay for an MRI scan.

From that, you know, I think he made some general comments that he was going to look into, you know, what the person was asking for or what the question, the nature of the question was. And then I guess it fell to me to work with the ministry to look at, you know, what has been the experience in other provinces. What are, I guess, some of the pros and cons of looking at this type of option for Saskatchewan residents?

And then it really came down to identifying what the options actually are because there are a number of options that we could pursue. Obviously we could pursue the status quo and just keep the system the way it is, and that we wouldn't provide for the ability for Saskatchewan people to pay out of pocket for an MRI scan within Saskatchewan but still allow for them to go out of province with a requisition, obtain an MRI scan, and bring it back to the province. There is the other option of, among many, there's the other option of not allowing Saskatchewan people to bring back diagnostic tests that they have done, that they have paid for out of pocket in other provinces, and essentially tell our medical community that they could no longer use diagnostic imaging and other tests that would be procured out of pocket in other provinces.

I guess there's the other end of the spectrum, is just to say like other provinces we would open the doors to private-pay MRI, not unlike what you would see in Alberta and a couple of other provinces in Canada. And so one of the options that we explored and that I brought forward for approval was this idea that we would embark on this road that would be similar to other provinces that do allow for private-pay MRI scans, but the difference that we would be pursuing that would be different than any other province would be that we would require that private provider to provide space in their facility for us to essentially obtain, at no cost to somebody on the public list or to

the public system, a scan in return for allowing them to offer this service.

So it really was looking at a range of options, and this was the option that I felt best tried to accomplish what I was tasked to set out to do, was to find what options were realistic and what options ultimately I was comfortable with.

Ms. Chartier: — Thank you for that. If I were to do an FOI [freedom of information] and ask for correspondence, those kinds of things, has there been lobbying by any particular organization? If an FOI were to come back, would it illustrate that there's been any lobbying or discussions with private providers in the last year and a half or so on this particular topic?

[19:15]

Hon. Mr. Duncan: — So we have, from time to time we do receive inquiries from either groups or individuals inquiring about whether or not this would be an option for them to set up an MRI clinic in the province. I know that this predates this particular government; I know it happened under the former government.

I know that there had been inquiries in 2014 as it pertains to requesting information about the existing health facilities licensing to determine whether or not this was a possibility in Saskatchewan. But again there's inquiries that come from individuals, First Nations, communities in the past that, you know, that think that this is maybe something that their community group wants to pursue. And I would say that the decision to pursue different options wouldn't have been related to any particular lobby. I can tell you this really came as a result of listening to a Q & A [question and answer] session with the Premier, which I was listening to at the time, and you know, frankly, being asked to explore different types of options for the province.

Ms. Chartier: — Just narrowing that time frame a little bit, as you've pointed out, governments all the time are approached on certain topics. So just in the last two years have there been approaches? You mentioned 2014 about existing licensing. Has there been, in the last two years, other requests or inquiries on private MRIs?

Hon. Mr. Duncan: — Thank you for the question, Ms. Chartier. You know, I think it would be fair for me to say that we've had in the last two years, and I would go back even . . .

Ms. Chartier: — Just stick to the two years.

Hon. Mr. Duncan: — Two years?

Ms. Chartier: — Two years, yes.

Hon. Mr. Duncan: — Yes. We would have had both formal, a formal proposal that would have been before the ministry in that time. We would have also had, you know, I think it would be fair to characterize some informal inquiries by a First Nation, by a community that wanted to kind of know the ins and outs about our health facility licensing Act and, you know, why at that time we didn't allow for private-pay MRI in the province. So we would have both had formal and informal inquiries about that.

Ms. Chartier: — Thank you for that. Any inquiries, so you've mentioned a community and First Nations, any inquiries from organizations that have provided MRIs or currently provide MRIs in Saskatchewan?

Hon. Mr. Duncan: — Yes.

Ms. Chartier: — Yes. Okay. Thank you for that. One of the things that you'd mentioned in your opening remarks are many . . . You had several options in front of you and have chosen to pursue this one. You talked about the pros and cons. I'm wondering what you see the cons of . . . Obviously with any policy direction, there can be positives and negatives. I'm wondering what you perceive as the potential cons.

Hon. Mr. Duncan: — Thank you. Thank you for the question, Ms. Chartier. So in looking at, you know, I think in any public policy decision that is something different than the status quo, although certainly there are pros and cons to keeping the status quo, with respect to this proposal in the legislation that's been put before the House, I think that, so with any policy decision, there are pros and cons.

I think in this case specific to your question, in terms of the cons, I think first and foremost the fact that no other jurisdiction that we know of has tried to implement this type of policy, in which the private provider would be required to provide a scan for the public wait-list at no cost to that person of the public or to the public system.

So we are in some uncharted waters in terms of that type of policy, although we do have a little bit of history here with something similar. Yes I think that, you know, certainly just the fact that we would allow, even with this change or this different type of policy that is unlike any other in the country, the fact that there would be perhaps some opposition to it, just in terms of having people be able to pay out of pocket for a service in Saskatchewan that they prior to this, have not been able to pay out of pocket, I think the perception that comes along with that in terms of that, you know, the perception that people will be being able to get preferential treatment because they are going to pay out of their own pocket, I think that that certainly is something that we will have to be mindful of.

I think that the . . . Just because of the way that I envision this, obviously we will have to ensure that we are getting the public scan at no cost to the public for the scan that somebody would pay for out of their pocket. So we'll have to obviously watch to make sure that we're getting the scan that the private provider would have to provide to the public system. And that's obviously a change in the way, with our relationship with the various radiology groups that practise in the province or that may wish to practise in the province into the future.

So I think that those are some of the, you know, some of the things that I've tried to be mindful of during this whole debate.

Ms. Chartier: — Thank you for that. I know that you just said that you have history with something similar. I would respectfully disagree that this is a very different . . . It might be

the use of a private clinic, but paying for it is very different than a single-payer system, which is what you're . . . you're moving from a single-payer system here to something very different.

With respect to that notion, the perception that people will be able to get preferential treatment, and so someone's ability to get preferential treatment, that perception, you talked about being mindful of that. Can you tell me how you're going to ensure that that doesn't happen?

Hon. Mr. Duncan: — Thank you for the question, Ms. Chartier. I'm sorry, I guess I don't . . . Just in terms of the reference that I made that we do have some experience in this type of system where . . . I guess I don't understand the disagreement that you have with that.

Ms. Chartier: — There is a difference between having the public pay for your surgery versus paying for your own MRI. There is a big difference between that.

Hon. Mr. Duncan: — Okay. So I guess I'd better clarify myself. So I guess what that is in reference to is, you're correct that we do, we have used, this government has made the decision that we would contract or have our regional health authorities contract with private providers when it came to providing day surgeries.

So as I've said in my opening statement, we've had nearly 47,000 procedures that have been done by private surgical suites both in Regina and Saskatoon. But you're right. They do provide . . . It is in within the publicly funded, publicly administered system. So the region does the scheduling. The region pays for the surgery. But it is within the contract that they do have.

We are seeing expansion of that to CT and MRI. So Regina Qu'Appelle has contracts in this city for both CT and MRI scans that will be publicly paid for and the administration will be done in concert with the regional health authority. But again it's a contract basis and so a private company is providing those scans.

I guess where this is a little bit different, but yet what I say in terms of we have some experience with this, I think it's important to note that the concept of whether you want to call it two for one or however people want to describe it, this particular point isn't quite unique. It is unique across Canada, but it's not unique to Saskatchewan. So under the former NDP [New Democratic Party] government, Workers' Compensation has been allowed to pay for MRI services for a Workers' Compensation client, but they have to pay a price that essentially provides for somebody off the public list to have an MRI scan done. That was done going back to, I believe, 2003, and I believe it was extended, started in one city and moved to the other city in that time frame.

As well this would be the same plan or policy that is already in place for the Saskatchewan Roughriders, which came in place in 2007 under the previous government, the NDP government, which essentially allows for the Saskatchewan Roughriders to . . . As I understand it, the regional health authority here in Regina has, I believe, one day to notify the Saskatchewan Roughriders if they are able to provide an MRI scan within a five-day window. And if they can provide for that, if they have the personnel to provide for that, then the Roughriders do pay a price, but that price contemplates providing enough funding for Regina Qu'Appelle Health Region to be able to take one person off of their public list. So the Saskatchewan Roughriders have the ability to pay to get services for MRI without having the long waits, and in return the public health system does get enough funding to provide for an additional scan through the system.

So I guess what I'm saying and where I'm comfortable with the balance that I think that I've achieved, that we've achieved on the legislation is, we're really saying to the people of the province, you have the ability to go out of province. Nothing in this bill stops this. So this will not stop people from going out of Calgary if they think that they can get a better price, or perhaps they want to go out of province for whatever reason they choose.

I guess all I'm saying is that I believe that that offer, that ability should be extended to people in the province to access that service here closer to home. And the model that I am suggesting is that we use the same model that the NDP government gave to both Workers' Compensation and the Saskatchewan Roughriders, where we will get a public scan for every privately paid scan. And I don't think it really, there's really no difference in my mind whether the private payer is Workers' Compensation, whether it's the Saskatchewan Roughriders, or whether it's your or my neighbours down the street.

Ms. Chartier: — Just a clarification though: workers' comp in every province falls outside of the *Canada Health Act*. workers' comp is exempt, is it not? And I know that there are arguments, some people don't believe that it should, and that's another debate that could be had at another time. But just to clarify that workers' compensation in every province falls outside of the *Canada Health Act*, yes?

Hon. Mr. Duncan: — Yes, that's correct. That's my understanding is that the workers' compensation does fall outside of the *Canada Health Act* as it would in every other province. I think though what was decided at that time, and obviously I wasn't around the table when that was decided, but essentially it was yes, workers' compensation, there is a benefit for the workers' compensation system, for all of us that pay into workers' compensation, for somebody to get timely access to services and to be able to get off of workers' compensation and back gainfully employed. So obviously that's better for the insurance system, workers' compensation insurance system.

[19:30]

But I think at the time what the balance was struck at that time was that yes, it's outside of the *Canada Health Act* but we have publicly paid-for equipment in the province. This is a better way to utilize that service so that Workers' Comp can get what they're needing out of the system, which is timely access, and as a health care system we're also going to get a benefit because Workers' Comp is going to pay for somebody on the public list to now be removed off the public list. It made a lot of sense then. I think it does still hold true today. Rather than having Workers' Compensation using your premiums and my premiums and employers' premiums to fly somebody out of

province where they did have access to private-pay services in the past, let's keep those dollars here close at home and let's try to derive a benefit for the public system.

The same would be true with the Saskatchewan Roughriders. I could imagine, when a football player gets injured, the team has to think about what is the cost of the MRI. They've got to fly that player to Calgary. They probably send somebody with player personnel with the player to Calgary. I don't know that for a fact but I imagine that probably happens. Depending on the time of day of that MRI and the flight, they might have a hotel room, or perhaps two, and meals to cover. The same is true for any citizen of this province. I can't tell you, Ms. Chartier, how many people go out of province. We don't keep track of that information, but I know people do go out of province. I think we all know that anecdotally. People go out of the province.

And so basically what I am saying is that if that is something that is already happening today in Saskatchewan, we get no benefit of the public system of them doing it other than they are no longer on the public list. So is there a way that we, that I can, as Health minister, accommodate what people are already doing out of the province but try to get some benefit to the public system aside from them not being on the public wait-list anymore? And I think that this bill does achieve that and I think that the examples of workers' compensation and the Saskatchewan Roughriders demonstrate that there is a business case that can support this. Certainly that's my belief.

Ms. Chartier: — Can you quantify the numbers, both in terms of the Riders, let's say the last three years, workers' comp numbers and Rider numbers for MRIs? In terms of data that you have, how far back does that go?

Hon. Mr. Duncan: — So with respect to workers' compensation, going back a number of years, so back to when this type of policy would have been put in place, workers' compensation, the number of out-of-province MRIs have basically gone from, in 2003, 96 per cent of their MRI scans would have been done out of province, to the flip side: today it's about 4 per cent, 4 per cent. So they still do access out-of-province services. A lot of that would be in relation to a worker that may have gone home to their home province and so they would still technically be on workers' comp but they wouldn't have to come necessarily back to the province for a scan.

So that kind of accounts for much of the continued out-of-province use, but it really . . . I guess it depends on the health region that you're talking about and the year that you're talking about, but it could be anywhere from typically 3 to 400 scans in Saskatoon over the last number of years. And in Regina Qu'Appelle Health Region . . . And these are health region MRI scans that are being done. This is using that agreement that has been put in place with the health regions. A little bit lower on the Regina side, probably in the 2 to 300 range on average, and in Regina it would be lower in the last couple of years just because there is a community option for MRI, the Open Skies MRI that Workers' Comp has a contractual relationship with. So they're no longer using Regina Qu'Appelle Health Region as much as they had in the past.

Ms. Chartier: — So when we say on average for the last few years, 3 to 400 in Saskatoon and 200 to 300 in RQHR [Regina Qu'Appelle Health Region], like the last few years, what are you using there for a base?

Hon. Mr. Duncan: — I'm going back to 2007-2008.

Ms. Chartier: — Okay.

Hon. Mr. Duncan: — Yes. And I guess it would be fair to say as well, going back to, even if you go back to 2003, obviously the number of scans that Workers' Comp would be purchasing, regardless of who they would be procuring the service from, has increased over those years. So as MRI is used more, as . . . aging workforce, that sort of thing.

Ms. Chartier: — And are those 3 to 400 in Saskatoon and, well the numbers you cited, is that including the two for one? Like are we saying that there were 6 to 800 in Saskatoon or are we saying 150 to 200 in Saskatoon? What does that mean when you're saying 3 to 400?

Hon. Mr. Duncan: — Right. So under the expedited agreement that Workers' Compensation has, those numbers would be the Workers' Compensation clients that would be served. They would pay a price that would essentially allow for Saskatoon Health Region or Regina Qu'Appelle Health Region to take somebody off the public list for every Workers' Comp worker that would be using the system. So those numbers would just be the Workers' Comp clients. That wouldn't be the total number.

Ms. Chartier: — And I know you've cited the Riders. How many scans do they have on average since '07-08?

Hon. Mr. Duncan: — It would fluctuate from year to year obviously, just depending on injuries. So it would be in the last . . . Going back to 2010, it's approximately 40 total that they have accessed.

Ms. Chartier: — And their agreement works the same as Workers' Comp?

Hon. Mr. Duncan: — Yes, so it would be very similar to Workers' Comp. The numbers may be different, but there would be a set price that the Roughriders would pay the health region, and then the dollars would be put in from that amount back into MRI services in the health region.

Ms. Chartier: — Okay. Okay, so vastly different numbers though than we're talking about here. I'm wondering about administration of . . . Actually, you know what? I'll go there in a minute. I've lots of questions around lots of things you've already talked about. I want to go back to the con discussion that we were having around the comment that you made that there's . . . One of the cons you identified is perception that people will be able to get preferential treatment, and then you talked about needing to watch that. So I'm wondering how you plan to . . . Do you think that perception could become reality?

Hon. Mr. Duncan: — I think that this really is no different than what is already happening in Saskatchewan. So people have the ability to go out of province to pay out of pocket for an MRI to bring it back to the province. Our surgeons and our

specialists don't look to see where you had your MRI done. So they just take the information as it is. You're not placed, whether it be therapy or surgery or whatever other type of intervention, or perhaps it's hopefully not an intervention that is needed, that's not determined by where you had your MRI scan done.

So I would say, because we don't know how many people actually take advantage of this in any given year currently, even under the existing rules where you can go out of province, it's hard for me to say how many people may utilize this option if we give it to them closer to home in Saskatchewan.

But whether we go down the road of allowing people to pay for an MRI here in the province or continue with the status quo where people already have this option, I think we, as a ministry — and obviously it came up even earlier in the session — I mean we're very closely monitoring things like our surgical wait times, things like diagnostic wait times, the therapy time that people are waiting in terms of accessing services. So whether this bill passes or not, we'll have to monitor those things regardless.

Ms. Chartier: — That whole question of . . . I have to ask you, have you read the Alberta report of just a couple of years ago on preferential treatment, just out of curiosity? Have you taken a look at that?

Hon. Mr. Duncan: — Yes, I read the . . . I don't think I read the full report. I think that there was an executive summary that was distributed that I would have looked at.

Ms. Chartier: — Do you think people are able to get in the queue faster because they're able to buy services?

Hon. Mr. Duncan: — Thank you, Ms. Chartier, for the question. So I guess I would just start by saying that because of the way that I'm contemplating that this would be operationalized is . . . So again, it's important for me to stress that nothing changes in terms of needing a requisition from a specialist. And largely those referrals are done by specialists in Saskatchewan, whereas in other provinces GPs [general practitioner] do have those privileges. That's to a lesser extent in Saskatchewan. And I know that there's a lot of literature around appropriateness and specialists versus GPs having referral privileges. So that doesn't change.

Obviously you would need whatever the wait would be for your particular specialist right now in order to get that requisition. That doesn't change. This doesn't allow somebody to get access to that specialist any earlier. I would say that whether somebody does at the end of their process, in terms of getting their diagnostics in hand and needing whether it's surgery or whether it's some sort of other intervention, obviously those decisions can't be made without, in a lot of cases, it can't be made without having that diagnostic imaging, in this case an MRI. And so that may result in those decisions being made more timely.

[19:45]

But on the flip side, if whatever problems somebody perhaps has or thinks they have, or their physician, what they're exploring to be able to rule something in or out, obviously for those people the quicker that anybody can know, obviously that's in everybody's best interest. And so none of this changes what currently takes place in Saskatchewan.

So if the concern is that people are going out of province and are they getting back in the queue faster in Saskatchewan because they purchased their MRI, if that is perceived to be a problem, this doesn't change that. This only allows for that option closer to home. I guess if somebody believes that that shouldn't be an option then there's always the option of the legislature adopting legislation that would preclude somebody from going out of province. But that certainly doesn't . . . that's not contemplated, obviously, in this bill.

So people will still have the choice to go out of province if they want to. They can still go to the Mayo Clinic. In my case, my probably closest community would be Minot. I don't live that far from the border. People will still have that option. What I'm proposing is to bring that option a little bit closer to home and provide some benefit to the public system for everybody else that is already waiting.

Ms. Chartier: — And just let's be clear here. I have people who come into my office who are waiting for MRIs as well, and have challenges, and don't like waiting. And nobody is saying that the wait times are acceptable or appropriate. And I know, I mean, I've got two kids. I know if one of them was ill that it's a hard decision to make. If you have money, that you of course would want diagnostics as quickly as possible.

But I guess my question to you is, if you didn't pass this bill, regardless of passing this bill or not . . . and just be clear, the bill is going to pass if you want it to pass, with the numbers in the legislature. But the question is, do people who go to Alberta and present their diagnostics when they come back to Saskatchewan get in front of someone who hasn't purchased an MRI?

Hon. Mr. Duncan: — If they do go out of province or out of country and purchase diagnostic imaging, including MRI, if they have that information in hand prior to somebody that is waiting on a wait-list to get that information, then they would . . . obviously their specialist, their physician would have access to the information that they're looking for. And so we do not in Saskatchewan, if somebody goes out of province, we don't force them to go to the back of the line to wait for the specialist. That currently happens today in our health care system.

Ms. Chartier: — Thank you. In terms of . . . I'm sorry, multiple trains of thought going on here. In terms of a legal opinion, have you sought a legal opinion with respect to the *Canada Health Act* and what this will mean for health transfers from the feds?

Hon. Mr. Duncan: — Thank you for the question. So with respect to the drafting of the bill, we have looked at what other provinces have done. We've sought advice both in terms of my officials as well as other provincial health systems, in that we feel that what we're offering in terms of this bill is not necessarily different, although obviously we have a little bit of a different component to it with the two-for-one aspect. But the advice that I've received is that other jurisdictions have done

this, and to date nobody has been penalized under the *Canada Health Act* for this type of legislative change.

Ms. Chartier: — Sorry, I don't have it in front of me, but I had read somewhere . . . And I wish that I did have it in front of me, but I had understood that there was the possibility that BC [British Columbia] had lost some transfers.

Hon. Mr. Duncan: — No. There has been deductions under the CHT [Canada Health Transfer] transfers on a couple of occasions to provinces, but no province had identified to us that it had been with respect to diagnostic imaging.

Ms. Chartier: — You don't know why they've lost . . . They've lost some of the transfer, but they didn't identify why they lost some of the transfer. So it could've been because of diagnostics?

Hon. Mr. Duncan: — Our understanding of the British Columbia case involved the delivery of private-pay surgery, but it wasn't in relation to diagnostics.

Ms. Chartier: — How about other jurisdictions?

Hon. Mr. Duncan: — The two jurisdictions that would perhaps have the longest experience with private-pay diagnostics would be Quebec and Alberta. We're just looking at the *Canada Health Act* annual report. It looks like Quebec has never had a reduction in their . . . or a deduction to their CHST [Canada Health and Social Transfer] or CHT contribution from the federal government, going back as far as 1994-95.

So Quebec has never had any money deducted, and they've had private clinics for some time now. And Alberta hasn't had a deduction since 1996-97. And it's my understanding that that wasn't related to private-pay diagnostics either.

Ms. Chartier: — Okay. Thank you. And so just to clarify, obviously you've got that data, and you had mentioned that your officials have . . . you've gotten advice. But I'm just wondering if there is in fact a legal opinion, just to clarify whether or not that was the case.

Hon. Mr. Duncan: — There is not a legal opinion.

Ms. Chartier: — Okay. Thank you for that. Sorry I'm all over the place here. I just want to go back to my first question here, that I realized that I didn't follow further up on, around . . . And I'd asked you the question about in the last two years if there were inquiries from an organization that either provided MRIs, past tense or currently. And you had said yes. I'm wondering if it was the past tense or the current provider?

Hon. Mr. Duncan: — There are today in specifically Regina, because they would be the only ones in the province, but there are two private providers that do provide, have MRI capacity here in the city of Regina. It would have been one of the two.

Ms. Chartier: — Okay. And one of them currently has a contract with RQHR. Which one is it? Is it the one that has the contract or that lost the contract?

Hon. Mr. Duncan: — I can say to Ms. Chartier and to the committee that I would just, I guess, refrain from identifying who the applicant was. It was an application that we didn't proceed with. We've had a number of applications over well over a decade and I wouldn't want to name all of them.

Ms. Chartier: — And when did that application come in?

Hon. Mr. Duncan: — It would have been in the first half of 2014.

Ms. Chartier: — Okay. And you said you didn't proceed with it. Was it just shelved or did you say . . . What happened with the proposal?

Hon. Mr. Duncan: — So we would have contacted the organization and because at the time there was no ability under *The Health Facilities Licensing Act* to grant what they were requesting, grant their application, and so essentially it would have been to say that under the Act, thank you but there isn't an ability to proceed.

Ms. Chartier: — Thank you for that. Moving on here, I know, Minister Duncan, in your opening comments you talked about, I'm sorry, I think you said public consultation but I maybe missed the first . . . You said consultation in your opening remarks. And then you had mentioned I think a little bit later on, consultation in the past few weeks or general discussions I think was maybe the language that you used. If you wouldn't mind refreshing my memory on what you said there.

Hon. Mr. Duncan: — Thank you for the question. Ms. Chartier, the consultation would have involved our regional health authorities, so the CEOs [chief executive officer], the senior medical officers. We would have . . . Obviously the physician community, so both through the regulatory side as well as the association that represents physicians across Saskatchewan. All of our provider unions, we would have consulted with them over the last . . . for the most part the last month is when that would have taken place, organizations that do have diagnostic imaging here in the province currently.

So there are already a number of radiology groups that are already set up, a couple of them in the province, so we would have had discussions with them. And then just, I guess internal to government, so other ministries, SGI [Saskatchewan Government Insurance], Workers' Compensation, Labour Relations on the occupational health and safety side. And I think for the most part that's . . . And the Saskatchewan Roughriders.

[20:00]

Ms. Chartier: — Thank you for that. And what was the goal of the consultation?

Hon. Mr. Duncan: — The ministry would have met with the different stakeholders to explain the Act and the framework that we contemplate that would go along with the Act. Certainly we sought some input, in terms of how we envision or how I envision this working and rolling out across the province, and if there was any feedback that they had in terms of any suggestions that they would have had to perhaps improve on the framework that we were contemplating. And so that would have

been done by the ministry largely over the past month.

Ms. Chartier: — And what kind of things . . . Obviously this is a departure. Forgive me here, but before introducing a bill like this, you'd think maybe you would have embarked upon that consultation before introducing the bill. Was there any of that that happened before the bill was drafted and introduced in the late days of May?

Hon. Mr. Duncan: — So, Ms. Chartier, leading up to when the bill was introduced, I think it would be fair to say that there was certainly quite a bit of discussion in the public in terms of different options, different points of view in terms of whether or not Saskatchewan people should have access to these types of pay-out-of-pocket service here in the province. So I would have received obviously letters both for and against. I think that I probably wasn't alone. I think other MLAs [Member of the Legislative Assembly] probably would have received some feedback.

Knowing that Workers' Compensation and the Saskatchewan Roughriders had similar arrangements with the previous NDP government, I did a little bit of work . . . We did a little bit of work just in terms of how actually that does work and what does that look like, especially as we were getting closer to introducing the bill and the idea that would be very similar to what has already been afforded to Workers' Compensation and the Saskatchewan Roughriders.

From there, that's where obviously the bill would have been drafted and then introduced in the House and, you know, I don't think public debate has necessarily stopped just because the spring session ended, and knowing now that the fall session would be a continuation of the spring, so the bill doesn't necessarily die on the order paper. You know, we obviously knew that we would be in a better position to actually pass the bill and so we wanted to make sure that we had a framework in place. And so that's where the more I think in-depth consultations would have taken place with various stakeholder groups this fall.

Ms. Chartier: — So what are those stakeholder groups telling you? I know I just . . . recalling a newspaper article where you were at the SMA [Saskatchewan Medical Association] and Dr. Slavik made some comments and expressed some concerns. Obviously he was the outgoing president, but I'm just . . . And I know, I'm pretty certain that some of these stakeholders would have flagged some pretty big concerns for you, and others might have been very supportive. So I'm wondering what you've heard from stakeholders, what kind of feedback you've received.

Hon. Mr. Duncan: — Thank you for the question, Ms. Chartier. I think that for the most part, where the questions came through the consultation from the various groups that did respond — because not everybody did respond, give formal feedback to date — but I think . . . So I guess it depends on your perspective.

Certainly we had feedback from our unions that do work in the health care system, and I think that some of your earlier questions probably are not dissimilar to questions that they would have just in terms of access and concerns about queue-jumping and existing wait times that we do have for services.

I think for stakeholders that are more on the administrative level, so our regional health authorities or, for example, the College of Physicians and Surgeons, so for the college, you know, it'd be around their role as the accreditor, what that would look like.

For on the administrative side, really a lot of questions just in terms of the technical aspects. So you know, how do we know we're getting the number of publicly, public wait-list scans that is equal to the number of privately paid-for scans? How do we ensure that . . . We want to obviously be fair to any of the private providers that do want to offer this service. So how do, you know, how do I provide that assurance that for every fairly routine knee scan, they're not going to get a, you know, very complex spinal scan from the health region? So we want to try to match up the types of scans that people are paying for with the types of scans that we're getting as the public benefit. So really around those kind of technical aspects of how do we . . . Just what does that actually look like in practice?

I've had an opportunity to meet with the president of SMA, who did raise this topic. I think that, you know, I think what the new president of the SMA has said is probably not really different than what the outgoing, past president of the SMA had made public comments, just in terms of, you know, is this really needed in the system? If this is an issue of capacity, you know, are there other ways to get additional capacity in the system? I think that there's been some questions raised about whether or not . . . from some family physicians, does this mean that they're now going to be allowed to requisition for MRIs? So it really kind of depends on what part of the health care system you play a role in that this would affect you and where your questions would lie.

Ms. Chartier: — Thank you. Just in terms of getting on the record then, you've given me, you've cited a few people on the regulatory side, provider unions. Can you just read into the record . . . And I want to know how the consultation process worked. So did everybody receive a letter? So if you would just tell me a little bit about how you went about consulting and who responded.

Hon. Mr. Duncan: — We would have provided a written . . . There would have been a letter that would have been sent. This would have been sent to all the RHA [regional health authority] CEOs, senior medical officers. We would also have sent letters to eHealth, the College of Physicians and Surgeons, Saskatchewan Medical Association, CUPE [Canadian Union of Public Employees], SEIU-West [Service Employees International Union-West], SGEU [Saskatchewan Government and General Employees' Union], northern medical services, Mayfair Diagnostics, Radiology Associates of Regina, Associated Radiologists LLP, Saskatoon Medical Imaging, Saskatchewan Association of Medical Radiation Technologists, Onion Lake Cree Nation, taxation and intergovernmental affairs branch of the Ministry of Finance, Workers' Compensation, SGI, the Roughriders, and occupational health and safety within the Ministry of Labour Relations.

The letter would have given an outline of the legislation and

kind of the concepts around the legislation. It would have provided them with the ability to provide written feedback. And it would have also offered to, if anybody wanted to, meet in person. People had a choice. You could either provide written feedback or meet in person, and we had six requests to meet in person.

Ms. Chartier: — With whom did you meet in person?

[20:15]

Hon. Mr. Duncan: — The in-person meetings were between the officials of the ministry and the College of Physicians and Surgeons, Mayfair Diagnostics, Regina Qu'Appelle Health Region, eHealth, Radiology Associates of Regina, and the Saskatchewan Medical Association, as well the senior medical officers of the RHAs.

Ms. Chartier: — Are the RHAs expressing any concern about how this will be administered?

Hon. Mr. Duncan: — The discussions with the RHAs have been around the, I guess, the details in terms of how this will be administered. I think that in the case of a region that would already have some experience though with contracting within the public system for private MRI, private CT, or even in the case where we have the use of private day surgery centres in Regina and Saskatoon, they have some experience in terms of administering different providers within the system.

But admittedly the two-for-one concept is something that is fairly unique, although there is obviously a little bit of experience in that type of system. So that's what the discussion, a large part of the discussion with the regional health authorities is just, what does this actually look like on an operational basis?

Ms. Chartier: — Have the RHAs . . . I'm wondering what they've . . . they're asking for how this is going to work. Or are they saying, how the heck do we make this work? Obviously this sounds a little bit different than the existing agreements with Workers' Comp because you're saying Workers' Comp and the Riders have to pay the system for a scan in the system, but this sounds like administratively it's quite different. So I'm wondering like what the RHAs are saying to you.

Hon. Mr. Duncan: — So the discussion with the RHAs, I would say there's probably been more discussion with RQHR just because they obviously are . . . We have private options existing already in the city of Regina and so if this is going to happen, most likely it would be here before anywhere else, but not precluding other decisions.

I think that Regina Qu'Appelle is really looking at this from the perspective of, how do they ensure that the patient and the patient's information flows as seamlessly as possible? So they have some experience with using community-based options and so that would have probably been no different than similar conversations that they would have had when those different types of options would have been brought into the system here in Regina. But they're really looking at it from the patient and the information of the patient: how does that flow, and then how do we ensure that we're getting the public benefit in terms of the public scan as a result of this type of set-up?

Ms. Chartier: — How are you reassuring them? I mean that is the question. So how do you do that?

Hon. Mr. Duncan: — So what we're contemplating . . . And as a part of our consultation, we certainly have accepted feedback from potential providers to this type of plan in terms of anything that they can suggest that may even further streamline the process. But essentially what we're contemplating is that if somebody goes from the public system to the private-pay system, they would have to still loop back to the public system. And so that information would have to be provided back to most likely the RHA — but it may also include the ministry just so that we would have those numbers — but at this point for sure the RHA would know.

So we would be able to track how many people are paying out of pocket and correspondingly ensuring that that region is getting the same number of the two for one, the second part of the proposal; that the region is in fact getting their scans, that they're sending those to the private clinic.

Ms. Chartier: — Do you see that being reconciled . . . Forgive me here, but that sounds quite complicated. Do you see it being reconciled every month, every week? Like could you go, could an organization go a year without doing public scans and then you reconcile at that point and realize the public system hasn't received their freebie?

Hon. Mr. Duncan: — Thank you, Ms. Chartier, for your patience. So just in terms of what is being contemplated in terms of the timelines that a private provider would need to follow, so that wouldn't be a part of the bill, but it is a part of the discussion that we're having around what the regulations may look like.

So while we are still accepting some feedback in terms of what would be appropriate both from a potential private provider as well as the health region, we will have in place . . . It would be my opinion that we would have in place in the regulations a time by which they would have to report back to the region and to the ministry the number of scans they would have done over a period of time. That may be a month, it may be . . . I mean that's kind of what we're looking at right now.

[20:30]

And then within a certain amount of time after that, the region would be required to send over the same number of patients that would be waiting on a wait-list, and the provider would agree to perform scans for those patients within a certain amount of time. We don't have the . . . We haven't set that number yet. We're still making decisions around what that would look like, but that's essentially what it would look like, is that they would have to report back to us over a period of time how many scans that they provided, and then within a period of time after that, they would have to provide the scans, the second half of the two for one, for the public system.

Ms. Chartier: — Okay. Thank you.

The Chair: — We will take a five-minute break. The time being 8:31, we'll be back here at 8:36.

[The committee recessed for a period of time.]

The Chair: — The time being 8:37, we'll start back up. Ms. Chartier, you still have the floor.

Ms. Chartier: — Thank you very much. Just going back to the consultation piece, what would you say, would you say overwhelmingly . . . So were you just, you were just asking input on what the bill looks like and how it will be administered, or did you actually hear from people who said, this is a really bad idea? Obviously I suspect that some people on that list said, that's a really bad idea, but I'm wondering what the overwhelming feedback was around . . . Like if I did an FOI for the written materials, what would I be seeing?

Hon. Mr. Duncan: — So I'll speak, Ms. Chartier, to I guess what I would consider the formal consultations and then more of the informal consultations. So I think that it's, I would characterize for the most part, the consultations that took place, particularly over the last month, revolved around more of the operationalization of this type of proposal. So whether you're a health region or whether you are an existing radiology firm, you know, it really was around more of the details of how do you actually make this work? Like administratively, operationally, how do you make this work? There was input in terms of some suggestions of perhaps some improvements that we, from their point of view, what they would consider some improvements.

I think that aside from more of the public pronouncements that some groups have made, particularly in the last couple of days or late last week, there are some groups that have been pretty vocal that they don't believe that this is the right way to go for Saskatchewan. I'd love to be able to sit here and say that our provider unions are on board with this, but they have expressed a different opinion.

In terms of the informal consultation, in October and November of 2014 there was a letter-writing campaign that was spearheaded by the Saskatchewan Health Coalition. Between myself and the Premier's office, we received less than 20 letters about this particular issue. Five of the letters received by my office note that people have options and that there are wait times, and so they did express support for this type of proposal. And obviously I think people can see that there was a variety of media commentary — columns, letters to the editor, calls in to call-in shows on the radio — that were both for and against allowing people to pay out of pocket.

Ms. Chartier: — With respect to the formal consultation, so you've already said your provider unions aren't on board. Is there anybody else who isn't on board, or do they see the writing on the wall and they know that this is a done deal and are just trying to help make sure that it's as useful as possible?

Hon. Mr. Duncan: — So I would characterize the formal consultations as, one, that we haven't received formal submissions by all the groups that we would have contacted, so I can't speak on behalf of a number of groups that just haven't provided their feedback to us.

I would say though that during the consultations we are really looking at issues of, again going back to this concept, because it is fairly new, what would it look like? How would it function? How do you operationalize something like this? So while I wouldn't have been in the room for the discussions, the in-face discussions and the consultations, you know, I don't think that they would have began by saying, do you or do you not support this plan? It was more, this is what the government has put forward; do you have feedback in terms of what this looks like from your organization's point of view?

[20:45]

Ms. Chartier: — Thank you. Thank you for that. Just switching gears here a little bit. I know earlier — I just want to clarify this — you said that you don't keep track or government doesn't keep track of visits out of province. Have we ever quantified that? Forgive my ignorance, I've never seen what comes out of a lab in Alberta or Minot or anywhere in terms of the image. So we have no way of quantifying that at all, how many private scans are purchased out of the province?

Hon. Mr. Duncan: — No we don't. And it's my understanding that as a ministry we never would have kept track of that.

Ms. Chartier: — So there's just no way to do it?

Hon. Mr. Duncan: — So typically if somebody goes out of province they have diagnostic imaging, in this case an MRI scan, it would most likely be in the form of a disc. We don't contact specialists in the province or GPs in the province that would be requisitioning that to provide where their patient would have got that information. I guess short of contacting every single specialist and requiring them to report that, I mean that's probably the only way that that would happen, but we don't do that.

Ms. Chartier: — Just out of curiosity, could that have been useful information prior to bringing this bill forward?

Hon. Mr. Duncan: — You know, I think it would have been useful in that it would have allowed me to answer the question of how many people go out of the province. But aside from that, I'm not sure it would have done much to inform the way that the bill has been constructed. Again, I think all of us around the table anecdotally know that people do go out of province for MRI scans. I can't sit here today and tell you that it's 10 a week or 100 a week. I don't know.

Ms. Chartier: — Thank you for that. Just a bit on accessibility. I'm sure you've read literature. There's a lot of literature around. People of lower socio-economic status who even in the public system have trouble accessing all health services, but there's been literature around diagnostics including MRIs. So even within the public system there are some disparities there. So I'm wondering how you address that in a system where people with their wallets can purchase health care, how you ensure that people who are already marginalized don't further slide down the ladder.

Hon. Mr. Duncan: — Thank you for the question, Ms. Chartier. So in terms of expanding public access, I think that there's a number of fronts that, as a ministry and as a system, that we are focusing on and have focused on over the last number of years.

Obviously I think everybody agrees that . . . So we're talking about medically necessary and appropriate, which I'll get to in a little bit. But we're talking about appropriate scans. The accessing of diagnostic services, in this case MRI exams, MRI scans, is based on medical need.

And so this bill doesn't change that. What does improve people's access to health care services is everything along the continuum. It's not just the number of MRI scans or the number of machines in the province, although those are both significantly increased.

People need access to their GP. So having 500-plus additional, close to probably 600 additional physicians in the province, helps to increase people's access to physician services, which then may result in the referral to a specialist. And I don't have my numbers; I can grab those if you would like. But in almost every category of specialists in the province, those have been increasing over the last seven or eight years. So that increases people's access to specialist services, which then may result in people having access to an MRI scan, for example. So that is up significantly from 17,400 about eight years ago to 33,000 patients being scanned, and that's not even the number of scans. That's just the number of people that have accessed services. Some people need two and three scans based on their medical need.

So this bill is about, in part, allowing people more choice. It's in part about trying to derive a benefit for the public system on a practice that is already happening with . . . to and for and with Saskatchewan citizens as we speak. And so this . . . In terms of people that may be from a lower socio-economic position in society, this bill doesn't necessarily change that and it doesn't change their access to services. What it will allow I believe is additional publicly funded . . . people on the publicly funded wait-list to get access in a more timely fashion because there will be the two-for-one concept, that we will have a direct benefit to the public system. And so I guess I question what, in terms of this bill, with respect to your question, what this bill actually changes.

Ms. Chartier: — That I can use my credit card or my bank card to go more easily, more easily than I would have. So I'm just wondering if you're familiar with the research around accessibility and the fact that already, in a public system, marginalized or people of lower socio-economic status in fact access health services at a lower rate than other citizens.

Hon. Mr. Duncan: — Right. And I think that there's probably a lot of factors that are at play in terms of how people are accessing services in the health care system, whether that be including an MRI scan or whether that not include an MRI scan. I guess my point is that people — with respect to your position of using your credit card to pay for an MRI scan, people can do that today. People can do that in Saskatchewan and it may be more accessible for some people. If I live in Maple Creek, a drive to Calgary isn't as exhaustive as if I live in Springside or if I live in Yorkton or if I live in Bienfait. So that is already happening in Saskatchewan.

What doesn't happen though is that . . . When somebody goes out of province and pays out of pocket with their credit card or whatever form of payment that they're making, they bring that scan back. We don't judge, as a system, where you had your scan take place, and aside from that person not being on our wait-list, we get no tangible benefit from them paying out of their pocket.

What I'm proposing is that we actually derive some benefit. Somebody is going to be on a wait-list, and they will no longer be on a wait-list because somebody paid out of pocket in their own province, which they can already do out of province.

So I guess I would just say, unless it is your position that we should introduce legislation and regulations that will stop somebody from being able to bring a scan back — which I know that your party debated in a resolution a couple of years ago — if that's the position of your party, then I'm willing to have that debate. But I guess in terms of what . . . What I'm proposing doesn't change what is already taking place in this province.

Ms. Chartier: — Just to be clear, that's something you can't even quantify, Minister Duncan. It's not about judging. You can't even quantify how many people you can say . . . We all anecdotally hear it, but we don't even have numbers to quantify that. So you're proposing a solution . . .

Hon. Mr. Duncan: — I'll just maybe step in. I can quantify it when we're talking about Workers' Compensation clients and Saskatchewan Roughriders, which your government allowed to jump the queue. If that's the debate, if queue-jumping is the debate . . .

Ms. Chartier: — It is exempt from the *Canada Health Act*. Workers' comp is exempt from the *Canada Health Act*, just to be clear.

Hon. Mr. Duncan: — So that makes it okay then?

Ms. Chartier: — No, I'm saying that is something very different than what's going on, and we're looking at vastly different numbers here and different rationale for doing it. But just to be clear, you can't even quantify. You're saying it's a problem. People are going to Alberta or Minot. You want to offer those solutions for people . . .

Hon. Mr. Duncan: — No, I just want to correct you. I'm not saying it's a problem. I take the view that if somebody wants to pay out of their pocket and go to Calgary or go to the Mayo Clinic or go to Minot, North Dakota and pay out of pocket for an MRI scan, that's fine. That's their choice. And I'm saying that that already happens. And yes, we can't quantify the numbers of how many people are doing it, but we know that people are doing it.

All I'm saying is that when people do that and they go out of province, they pay for their own scan. They come back to the province. We as a system, aside from them not being on the public wait-list, we have no benefit for the public system. And all I'm saying is that if somebody is willing to pay out of pocket to do that, I'm willing to bet that they're willing to pay out of pocket and pay a little bit more in Saskatchewan as opposed to flying to Calgary or driving to Calgary and paying for a hotel bill and paying for meals. And we're going to get a scan out of that that we normally would have to pay for out of the

taxpayers. Because the challenge is that . . . And I think, Ms. Chartier, knowing your interest in the health care file, that we could probably — and if time doesn't allow for it — but I think we can probably have a pretty good conversation about appropriateness. And that's an issue that we have to tackle.

Whether we do this or whether we don't do this, this is a subject that the ministry is working with our regions and our medical association and our stakeholders to look at the issue of appropriateness. But I guess what I'm saying is that this is something that is already happening. And if it's just a matter of the public, the taxpayers paying for more scans, well we've gone from 17,400 scans, patients scanned under your government in your last year, to 33,000 this year. And that number is going to be higher next year, and we still have wait-lists. So I think what I'm proposing is that we continue to invest in the public system, and we try to derive a benefit from what people are already doing today in Saskatchewan.

Ms. Chartier: — Thank you, Mr. Duncan. Two things here: first of all, you're talking about deriving a benefit. What have other jurisdictions shown you? What happens to the public system when you have a limited number of technologists and radiologist? Can you speak a little bit to what has happened in other jurisdictions around poaching of limited specialists?

Hon. Mr. Duncan: — Well I can tell you what has happened to wait-lists when it comes to MRI in other provinces. I can give you examples where for, if we just use kind of apples to apples, let's say the 90th percentile, I can show you provinces over the last number of years that have seen an increase in their diagnostic wait times. I can show you provinces that have seen decreases in their diagnostic wait times. Some of them allow private pay; some don't allow private pay.

I think that if somebody wants to try to draw a correlation that if you introduce private-pay MRI, therefore you will have longer wait-lists, then the opposite should be true. And in my experience, when Ontario stopped allowing for private-pay MRIs, I don't think their wait-lists disappeared. So I can't sit here and tell you what has happened in each of the provinces as it relates to their population growth, what happened to their publicly funded scans. I can tell you that we've doubled our numbers in seven years, but I don't know what Alberta's done. I don't know what BC has done. I don't know what Manitoba, that doesn't allow private pay, has done. I think that there are a lot of factors, and wait-lists are much more than just a function of whether or not you allow for private pay.

[21:00]

Ms. Chartier: — It's definitely complicated. There's no doubt about that. But have you looked at other jurisdictions closely and have tried to examine some of that? I know the literature that I've read has pointed to cases where the public system in Manitoba, when they were offering private MRIs, in fact they expressed concerns about wait-lists in the public system increasing. So when you talk about deriving a benefit, we want to make sure that every citizen in Saskatchewan derives a benefit or as many people as possible, just not those who can afford to pay for it.

Hon. Mr. Duncan: — So in discussions that we've had with other provinces, particularly BC and Alberta, our Western Canadian colleagues that do have some experience with this, neither one have . . . certainly in the case of BC they've indicated that they have not seen any reduction in the number of radiologists that have privileges within their regional health authorities. Alberta has indicated that they haven't had a negative impact. That has not been their experience.

I would say that the . . . I think Saskatchewan's experience, in a similar way I think should inform part of this debate, is that I think that this was part of the concern — perhaps that your party raised, perhaps that others raised — when this government decided to introduce publicly funded, publicly administered, private surgical suites. The concern was that this was going to raid surgeons and other medical professionals from the public system that would go work in the private settings. We have been at that for close to five years now. We haven't had any issues with that.

What we would require in our legislation is that facilities that would potentially offer this service . . . Because again we're not even to the point where anybody has actually said that they would offer the service. People have to make a business case of whether or not they can actually offer this type of service in what we're contemplating. But they would have to report back to us in terms of what the impact, potential impact has been in terms of us being able to provide services within the public system.

In terms of wait times, just again this correlation between if you have private-pay MRI, therefore you must have longer wait times, I can demonstrate, I can show to you that provinces have seen an uptick in their wait times for MRI waits and it would include both provinces that have allowed for private-pay MRI and it includes provinces that don't allow for private-pay MRI. So absence of the context of what provinces have done in terms of their public investment into MRI, both capacity, machines, radiologists, the number of funded scans that they're providing, population growth.

Since Alberta has . . . I know Alberta's kind of the one where everybody points to. They allowed private-pay MRIs, I believe, in 1993 and now they have longer wait-lists, and therefore you have longer wait-lists when you allow for private-pay MRIs. Well at the same time, what isn't factored into that conversation is the fact that Alberta's population has grown by 63 per cent since 1993, so they're dealing with over 4.1 million people today as compared to 1993. Obviously there is much greater use of MRIs since 1993. So I think that the discussion about whether or not private-pay automatically leads to longer wait times is done so in the absence of a lot of contextual information that I think is important to that debate.

Ms. Chartier: — So you've mentioned BC and Alberta. Have you had discussions with Manitoba and Ontario about their experiences, particularly around poaching? So you're saying there's all kinds of context around wait-lists going up — population increasing, more tests. But I'm wondering if you've heard, either read or heard reports back around concerns around poaching. Like not just concerns but organizations, health regions or however they're organized, telling you that they lost specialists or the techs and radiologists.

Hon. Mr. Duncan: — Thank you, Ms. Chartier, for the question. I guess I would just start by saying that we, in terms of our health human resources, we do have to be mindful in terms of having the right complement of providers regardless of the specialty, subspecialty, or even our GP numbers, and that's something we are focused on as a government and working very hard at. I can say that the number of radiologists in this province has gone from 78 in 2007 to 131 in 2014, so we have seen a significant increase as we have increased the capacity within the system both in terms of the patients that are being scanned, the number of scans that we are conducting per year, and just the physical infrastructure, so having more scanners in the province.

In terms of our consultation . . . So in Ontario, just because their change is to not allow for private pay, they did provide for a period in the 2000s and then stopped at, I believe, around 2007. So just in terms of people that our officials would have been corresponding to wouldn't have had that direct experience of being there at the time, and so it was more just kind of what people in the ministry would have been able to remember. But it wouldn't have been those people that would have been involved in the licensing of those facilities back in 2007. So a little bit of not as clear a picture as obviously the examples from BC and Alberta that they were able to provide. And so again I think my answer from the previous question does remain.

One thing that we are mindful of is that concern that is out there. And so the Act does prescribe that regional health authorities, prior to us issuing a licence, the regional health authority would have to provide a report to the minister with respect to the, I guess, the health human resources as it stands within the region. So essentially what we would be asking for the region is to make an assessment of whether or not the system can support having this option in a particular region based on what the demand is for, for example, in hospital services. So we would need that assurance from the regional health authority that they believe that this can be accommodated, that it won't stretch the personnel within this particular field too thin, to the point where it would have a negative impact on the public system and the public scans that already do take place.

And that would have been a requirement under our health facilities licensing Act in which the existing private operators that do provide some diagnostics, that they would already have to abide by. So the regions would already be going through this process before those contracts would have been awarded and before a licence would have been issued, that the region would be able to demonstrate that yes, they do have the capacity even if in some cases radiologists would move from working in a hospital setting to working in a private setting.

Ms. Chartier: — Thank you. In terms of those conversations with the jurisdictions that have pulled back from private MRIs, why have they done that? What have you understood the reason? It's always good to think about context and experience and learning from others' mistakes, and so I'm wondering what you've heard from other jurisdictions why they've stopped providing private MRIs.

Hon. Mr. Duncan: — Thank you, Ms. Chartier. So we would have had I think more direct contact with Ontario versus Manitoba. Most of our discussions with other colleagues would have been BC, Alberta, Ontario.

I think in the case of Manitoba, it was one facility I think that they had in operation. It doesn't sound like it was in operation for that long. I think obviously there was perhaps some philosophical differences in terms of the direction that that government in Manitoba wanted to take.

With respect to Ontario, I do know that not unlike I guess the concerns that have been raised, you know, I don't know specifically why they did stop the pay-out-of-pocket for MRI scans but they did introduce or there was a commitment made — and I don't know if this was around a change of government or just a new campaign — but there was a commitment made to something called the future of medicare Act which I think was, by the sounds of it . . . I don't have it in front of me but I think people probably can assume that it was not in favour of people being able to pay out of pocket for diagnostics. And so I don't . . . Yes, I don't know if that was a change of government or just a new mandate of the government but it sounds like there was a commitment to stop this type of practice at some point. And I would say that was probably 2006, 2007 in Ontario.

[21:15]

Ms. Chartier: — I guess the question is, did that commitment come out of evidence that something was working or not working? I mean people make, or parties who want to be in power make commitments for reasons. So I'm wondering what that grew out of. And I just, I want to add a little bit more because obviously if it was working really well, I don't think a government would reverse course. Like if something is working really well, most governments will not choose to take the path of going the opposite direction.

Hon. Mr. Duncan: — I can't really speak to the motives of the Government of Ontario of the day or frankly to the commitments that were specific to the future of medicare Act. So I think it would be presumptuous of me to make those types of assumptions.

Ms. Chartier: — I think my point is here that when you make public policy, it should be based on evidence, and often you get evidence from multiple jurisdictions. And I have some concern that that hasn't happened here. But I'm going to move on here.

How much does a public MRI cost here in Saskatchewan?

Hon. Mr. Duncan: — Thank you for the question, Ms. Chartier. I think, as you can tell, it's not just as simple as just picking out a number in terms of what the cost is. There are a lot of factors that go into what it costs the system to provide a scan. There's the direct fees in terms of the radiologists and the other technicians that would be involved. Then there's all the indirect costs, whether we're talking about a hospital-based or in a community setting.

The range of the costs or the increase in costs could result from whether or not contrast is involved, whether or not it's a pediatric case, is there an anesthesiologist that's involved. So it's not . . . There's a variety of factors that would go into what an MRI scan would cost in the system.

Ms. Chartier: — You don't have an average cost though? Like this is your . . . You don't have an average cost?

Hon. Mr. Duncan: — I guess the best way to quantify it for you . . . And keep in mind that obviously not every scan is the same; it depends on the complexity. But what we use in terms of setting our budget that goes towards the regional health authorities, so we would earmark, if we are increasing the number of scans from one year to the next, we would roughly add about $725 per scan to a region that is performing scans.

Now that doesn't include the overhead. That doesn't include capital if there's a capital component. If we're, say, funding a replacement for an MRI scanner, that wouldn't be factored into that number, but if we're looking at what are the number of scans that we're going to fund this year versus last year, if it's an increase, then the number that we would use in terms of how much to increase the funding to adjust for that would be approximately $725.

Ms. Chartier: — So just to be clear then, it could be higher or it could be lower depending on the complexity of the scan.

Hon. Mr. Duncan: — That's correct.

Ms. Chartier: — Okay. I think one concern that's been flagged for me is looking at the Alberta experience where I understand . . . And you might understand this better than me, but I understand if I'm on the wait-list and I have a scan, so a scan is ordered for me in Alberta. I'm not happy with the wait time. The doctor doesn't bump me up on the list. I can go to a private clinic, pay for my MRI, and then if they discover something I can lobby to have that paid for.

So looking at Alberta MRI rates ranging anywhere from $895 to $2,450, the reality is I suspect the same thing could happen here because obviously nobody wants to have anything found on your scan, but you do. Maybe you have a tumour or something. Anyway you are discovered to have something and it's medically necessary and then taxpayers are on the hook for an increased cost for an MRI in that system. So I'm wondering if that's a concern here for you.

Hon. Mr. Duncan: — Ms. Chartier, if I understand the question correct, so if an individual decides that they are not satisfied with the wait that they are expected for an MRI and they decide to pay out of pocket, and that MRI does find something, that they seek reimbursement in the case of the Alberta government.

So my officials tell me that that does happen from time to time in Saskatchewan, where people will decide to go out of province because they're unhappy with the wait, something unfortunately will be found on the scan, and that they will seek reimbursement from the province. We do not reimburse for that, and in our regulations what we're proposing is that we will make that explicit in the regulations, that if somebody chooses to pay out of pocket that regardless of the result, the province will not reimburse them for the payment that they made.

Ms. Chartier: — And I'm not a lawyer, but just again with the *Canada Health Act*, is that in play then that you can put that in the regulations?

[21:30]

Hon. Mr. Duncan: — So this has been our practice in the past that we do not reimburse for people that seek reimbursement when they have decided to pay out of pocket of their own accord for whatever reason, whether it be wait times, whether it be for whatever reasons people would choose. We have not had any transfers deducted based on the *Canada Health Act* or anybody's interpretation or ruling on it, and so we don't suspect that we would in the future because of this.

Ms. Chartier: — Are the feds aware that that happens? I'm curious. Again forgive my ignorance here. So we can't even quantify how many people are going to Alberta or the Mayo Clinic or Minot who come back with their scans that maybe show something on them, and then that person says, Government of Saskatchewan, please pay for my scan, and you say no.

So you haven't had anything clawed back, but if you actually put something in your regulations that there is . . . saying that you can't do that. I'm just looking for some reassurance that that's not going to happen, that you have thought this out and you've looked very carefully into this and talked to the feds about it.

Hon. Mr. Duncan: — So we would take the position that what we're proposing will not result in deductions of the CHT, of transfers from the federal government, that we won't be in violation of the *Canada Health Act*.

And I would just say that in terms of do we notify the federal government when people raise these types of concerns, I would just say, this is not like it doesn't happen and it's not made public from time to time. For example, we often will have people that are snowbirds and perhaps, for whatever reason, don't have insurance or their insurance lapses or for whatever reason, their travel insurance, they've been in violation of their travel insurance. They perhaps have an expectation that the government will just pay whatever their fees will be or are, and we don't always comply with what people's wishes are.

So this isn't just specific to when somebody goes out of province, comes back with diagnostics, for example MRI. This happens with hospitalization. It happens with paramedic and ambulance and firefighters, just thinking of a specific case that just came to mind.

So we will often have discussions with people that believe that they should be reimbursed for something that they had to pay out of pocket — whether they paid out of pocket, went out of province because of a wait time, or whether just circumstances of when they were travelling out of province — and we don't necessarily pay what they think that we should be paying.

Ms. Chartier: — Do you feel like you're on solid footing?

Hon. Mr. Duncan: — Yes, I'm comfortable.

Ms. Chartier: — In terms of your expectation of cost for the private MRI, so we've talked a little bit about what you allot for RHAs, $725. What are you hearing back around what . . . Obviously to do a two for one, they're going to have to be quite

expensive. We can look at Alberta where they range from 895 to 2,450, and those aren't organizations that have to account for two for one. So I'm wondering what you're hearing from potential organizations or organizations who want to do this, what they're going to be charging people.

Hon. Mr. Duncan: — Thank you for the question, Ms. Chartier. And I know that the numbers that you've given out, the 895 to 2,045 range, I know that's from one firm. There's another firm that is advertising in Calgary, I believe it's Calgary, and they're from the 770 range up to 1,250. Now obviously that wouldn't be . . . it's not a direct comparison for the different types of scans, but it gives you a little bit of a different range in terms of what people are facing in terms of prices out of pocket.

I think that's it's fair to say that what Regina Qu'Appelle has experienced during their competitive process has shown some savings compared to what their in-hospital costs are. And so that, I think in a cost-competitive process, you know, we've seen some good savings that Regina Qu'Appelle is finding in that process.

I guess I would say that well, it probably, it wouldn't be up for me to say what the prices would be. But I think that anybody that would be interested in developing a business case around this would obviously have to look to what somebody can pay today to go out of province to purchase a scan, and it would have to be competitive with that. But also what would have to be kept in mind is that what also comes with somebody paying out of pocket is the travel. So let's just say you're a citizen of Regina and you're going to Calgary. You might be flying to Calgary. You might be driving to Calgary. If you're driving, you're probably staying overnight, so there's a hotel room that's attached to that. There's probably your meals if somebody is accompanying you.

So what I would say to anybody that is contemplating a business case is you would need to be competitive with what somebody can purchase an MRI scan for, what they can pay for out of province. But obviously there's going to have to be a business case that they can develop that will support, not only their cost to provide that first scan and whatever margins that they would build into that — no different than what a company in Alberta would have to build in — but as well the capacity and the margin to cover the costs of the scan that we would be deriving for the public system.

Ms. Chartier: — Obviously though, the last month you've engaged in consultation with organizations who have the capacity to do this or the interest in doing this. As a government, I would think that you'd be interested in knowing what that rate might be. So I'm wondering what they've said to you.

Hon. Mr. Duncan: — We haven't discussed price. Their interest lies more in the logistics of it, so from an operational standpoint what does it actually look like. So we would not be dictating what that price would have to look like.

Again keep in mind that if this proceeds, this will not bar somebody from going out of province. So let's say if my neighbour needs a scan on a knee and they can purchase that in Calgary for $895, I would assume that that scan's probably going to be more if somebody were to offer it in Regina versus going to Calgary. What the private company will have to keep in mind is that when you factor in all the other costs, would it still be competitive for them to have that scan performed in Regina versus going to Calgary? Because at the end of the day, this won't succeed and there won't be a business case to support it if the costs are high enough to the extent where somebody can say, you know what? I still want to pay out of pocket and I'm going to go to Calgary to get it done. And even if I go to Calgary and I travel and I stay the night, if it's still lower than going to Regina, then I'll still go to Calgary.

So when people factor in all their travel costs, the costs to take time off of work, to arrange child care, to arrange whatever other things that you would have to arrange to go out of province, I would just say to anybody that is looking to build a business case around this, the price doesn't necessarily have to be the same as it is in Calgary, and it probably . . . a business case wouldn't necessarily support that. You have to be competitive though with all those other factors.

Ms. Chartier: — Moving on here, I understand that RQHR's relationship with the Radiology Associates of Regina is coming to an end here shortly, and I'm wondering how this bill might impact that. I know that there's been some concerns flagged. So these are people who do have privileges in hospital. With this option to have private MRIs then, some concern has been flagged for me that this may impact the number of public scans that can happen. Anyway, so I just want to know where you are with that and how this bill ties into all of that.

[21:45]

Hon. Mr. Duncan: — I would say that the relationship and the contract that has been in place for some time between RAR [Radiology Associates of Regina] and the health region is ending, is coming to an end. I think it's important to note that the two really are not related. The hospital, in-hospital privileges of the radiologists associated with RAR, that is not ending. The region is going to be continuing with a relationship with the radiologists that have been a part of RAR. But they are going through a change in terms of I think what was a long-standing implied relationship with that firm. But the relationship itself, the hospital privileges for those particular radiologists, those will be continuing in the future.

Ms. Chartier: — For sure. So obviously they're not related, but this bill may have an impact and what has been flagged for me is concern around retention of some of these radiologists, like fee for service in the public system versus what they might be able to make privately. That has been flagged as a concern, so I'm wondering if there's been any thought given to that.

Hon. Mr. Duncan: — Thank you, Ms. Chartier, for the question. I guess I would just say that the . . . While there is I guess an evolution in the relationship of that one organization and the health region, again this is not, would not . . . That specific issue, we don't envision it having an impact on employment. The hospital privileges with those particular radiologists, I don't see that that would be changing in the future.

I guess I would just say that I don't . . . So that specific issue and this bill, really there is no direct tie or indirect tie, as I can see. I think that it's fair to say that in this province we've seen this almost doubling of the number of radiologists that are practising in seven years. We've seen a doubling in the number of patients that are being scanned on an annual basis. I would expect that that number would be going up, whether this bill is passed or not. But that number would most likely be . . . We're not going to see much in terms of the change that we've seen over the last number of years.

So I guess I would just . . . I'm not sure how this bill necessarily would be tied to any one particular firm or individual, except to say that really what we're saying is that, as an organization, whether it be RAR or anybody else, if they can, based on the premise that we're putting forward and the policy that we're putting forward, if they can develop a business case that can be supported with people choosing them as an option, then they would be free to submit an application for a licence and go through all the processes that we would have to ensure compliance and ensure co-operation with the health regions. Or they could choose not to and that would be their choice. We're certainly not going to force anybody from having to provide the service in the province. This is just giving one additional option.

Ms. Chartier: — But it's not . . . So that whole discussion about poaching and retention, just out of curiosity, does RAR, does that include every radiologist in Regina? Or how many in and how many out?

Hon. Mr. Duncan: — I guess, Ms. Chartier, I just . . . I think I'm perhaps not understanding correctly but I just, I fail to see how the potential for one additional option for patients would restrict a radiologist from being able to practise in the province.

And I know that we've talked a little bit in terms about ensuring that our regions have the ability to provide for in-hospital services, and that regions will be required to submit back to the health region, prior to us issuing a licence, whether or not they can sustain people moving perhaps to provide for these types of service on a pay-out-of-pocket basis. But that is already the case.

So we have two organizations in Regina that have been providing either to the health region or to Workers' Compensation for radiology services. And the regions have to account for the fact that they can support their in-hospital services and that these community-based, privately delivered — although they're publicly funded — services can be sustained, and the in-hospital radiology services can be sustained. So I just, I don't . . . I guess I just perhaps would disagree with the premise of the question.

Ms. Chartier: — And I'm trying to understand this myself. So this again has been flagged as a concern for me. So the question was about the number of radiologists in Regina versus the number of radiologists who are part of RAR.

Hon. Mr. Duncan: — I'm sorry. Can you repeat that?

Ms. Chartier: — The number of radiologists in Regina versus the number who are in RAR. Like are all the radiologists in Regina part of RAR?

Hon. Mr. Duncan: — No.

Ms. Chartier: — Can you give me the numbers?

Hon. Mr. Duncan: — So I know of at least one radiologist that would be practising in Regina that is not, to my knowledge, affiliated with RAR. They may be in the process of recruiting additional. I don't know specifically about that. But I guess further to the point, I would say that our anticipation is that 3,000 scans will be done in the new regional hospital in Moose Jaw when the new MRI machine is up and running next year, and we don't anticipate that those 3,000 scans will impact services anywhere else or cause problems with the system as a whole. So we are anticipating that there will be continued growth in the number of scans. We need to be mindful to ensure that we have the right human resources in place, but again we've gone from 71 to 134 radiologists in the last eight years so we have seen a significant increase in our radiologists. But the regions will obviously have to be mindful of the health human resource — any challenges that there may be.

Ms. Chartier: — So has Five Hills recruited from elsewhere then? Radiologists to do that work. What's happening there?

Hon. Mr. Duncan: — So Five Hills Health Region will be using their existing radiologist that does currently provide CT interpretations.

Ms. Chartier: — So they have people in place already though. So back to RAR though. I'm trying to understand this because it has been flagged as a concern for me and I'm trying to get a better picture and understand this and I'm trying to understand RAR. So you can think of one radiologist who's not part of RAR, but how many are?

Hon. Mr. Duncan: — Approximately 22, perhaps 23.

Ms. Chartier: — Are part of RAR?

Hon. Mr. Duncan: — That's my understanding, yes.

Ms. Chartier: — And the one that you're thinking of who isn't part of RAR, with whom are they employed?

Hon. Mr. Duncan: — Mayfair Diagnostics.

Ms. Chartier: — Okay. That would make sense then. So there's no concern that with this new relationship that RQHR has . . . Again I'm just letting you know that people are concerned around retention and the ability to provide scans in the public system if this bill passes at the same time that this is all going on.

I know we're running a little short of time here tonight. I'd like to talk a little bit more about capacity, some of the challenges around capacity and building capacity. But also it's about wait-lists as well and how we manage wait-lists. But I know we only have a few minutes here tonight, so that's a conversation for tomorrow night. But obviously demand and lack of access to MRIs isn't just about capacity. It's also about managing of wait-lists which is something that you'd mentioned earlier.

But just quickly help me understand how you foresee this happening. So you've had feedback from the RHAs. You've had feedback from SMA. You've had feedback from College of Physicians and Surgeons. Help me understand sort of the two for one and how you ensure that the person who has the knee scan, how you . . . Are you planning on putting more resources into RHAs to help them administrate this? Just talk me through this. Help me understand this a little bit better.

[22:00]

Hon. Mr. Duncan: — So as I stated before, if a private provider decides to offer this service, they will have to submit a report to the regional health authority. And again we'll be clarifying in the regulations in terms of that reporting timeline and then how quickly after that that they would be required to provide the scan to the public system.

Basically what would happen is that the regional health authority would, they would get the number of patients and try to match up the appropriate patients because some people will still need to have a scan in a hospital. Not every patient is appropriate for a community setting. Again we're going to try as much as possible to have the regions match up the scan, kind of a like-for-like scan. So if it's a knee, a knee. We're not going to have, you know, something on the lower end in terms of acuity or complexity substituted for something from the region that is very complex, involved, perhaps a more expensive scan.

The information of the patients that would then be provided with the free scan from the public list, that would be sent to the provider that had done the pay-out-of-pocket scan. And then the private provider would be responsible for contacting the patient setting the appointment. Once that person that has both paid . . . the pay-out-of-pocket patient has paid, then the region would take them off the wait-list. As well, once the scan is complete for the person on the public list, they would be taken off the wait-list as well.

It's really similar to what already takes place with the community scans that are already contracted through Regina Qu'Appelle Health Region. So the region identifies the patients, sends that information to the provider that's performing the scan, and they are responsible for contacting the patient.

Ms. Chartier: — So with respect to . . . Sorry, I'm curious. I think one of the challenges that I see is, so we don't know who's going to pay for private scans. It could be knees. It could be full body. It could be any number of people. So that will impact the public wait-list in that the person . . . So if you want to take a like-for-like scan, that will impact even the public scan, a person who might be further down on the list getting a scan sooner. Do you know what I'm saying?

Hon. Mr. Duncan: — Yes. And I should just correct myself. I think it was perhaps too simplistic for me to say if you pay for your knee to be scanned, then we will send you the next person on the list with a knee to be scanned. We're more looking at the complexity and really what is the cost of that scan. So it may be a scan on your knee that has X value associated with it. If the next person, let's say it's their head but it's of a similar value, then that would be the person that would go over from the public list. So it's not necessarily going to be a knee for a knee, but it will be, in terms of the cost, it will be similar.

Ms. Chartier: — This sounds very complicated. I would hate to be the person administering it. Oh my goodness . . . [inaudible interjection] . . . Yes, no I don't have to, but there are civil servants who are going to have a heck of a time figuring this out. But I know our time is short here.

Hon. Mr. Duncan: — No, I would just say the health care system is complex. I think that if this is the most complex thing that our RHA employees and our ministry are having to deal with, then I'm probably not reading my briefing notes because there's a lot more things that are complex than this.

I would say that there is a similar process that we have to go through when a regional health authority is sending somebody. And it doesn't matter if it is to one of our private surgical suites or if it is somebody that is going to have a community-based MRI or CT scan, that it already exists as a part of the public system. It's not just that anybody goes off of that list. They have to ensure that it's appropriate, that it's somebody that can be served in a community setting, somebody that doesn't need a hospital-based scan or a surgery.

So this is new. It's fairly unique aside from the experience that we have in Saskatchewan with a similar type of system. Is it complex? Well it's different and it's something that is new and we haven't necessarily tried before. But again this is a very big system. We're going to spend over $5 billion this year. We do a lot of complex things in the health care system, and I have confidence in my ministry officials and our regional health authorities that we can make this work.

Ms. Chartier: — Will you be putting the resources into ensuring that RHAs have the ability, that they're not already . . . Health regions are already stretched quite thin as is, as we see deficits in our two largest health regions. Will you be putting resources into RHAs to specifically help deal with the administration of this?

The Chair: — The time . . . unless the minister wants to answer that question. That'll be the last question.

Hon. Mr. Duncan: — Yes, thank you, Mr. Chair, Ms. Chartier. I will. I'd be pleased to answer tonight's final question.

So I think with anything, we'll need to judge this after it is up and running. I will say that when the decision was made and approval was given for Regina Qu'Appelle Health Region to enter into contracts with providers to provide for both community-based MRI and CT scans that were additional within the system, we didn't add additional resources into them based on scheduling or the complex of the system or the new relationship that they would have with third party providers.

Obviously we have provided funding for them to be able to pay for the scans, but we didn't necessarily provide funding on the administrative side. It's not our intent that we would start that with this, but certainly we will be paying close attention to how this rolls out within the RHAs.

Ms. Chartier: — Thank you for that.

The Chair: — The time being 10:07, I would ask that a member move a motion of adjournment. Mr. Tochor has moved. All agreed? Carried. This committee stands adjourned to the call of the Chair.

[The committee adjourned at 22:07.]