

Patients deserve to see truth behind eye surgeries

BY DR. G. MOHAMED NANJI, FOR THE CALGARY HERALD APRIL 29, 2010



Last month the Alberta government, through Alberta Health Services (AHS), centralized non-hospital cataract surgeries in Edmonton and Calgary into four major operating centres. In Calgary, the majority of those procedures, 70 per cent, were awarded to Surgical Centres Inc., with the remainder going to Mitchell Eye Centres. Since that decision, much anger has circulated, and that has been infused with misinformation and innuendo. It's time to see the facts clearly.

First, let's start by disentangling two core issues that lie at the root of this debate.

On the one hand is the argument that the process around this was hurried and unfair for all who competed. For those companies that were awarded contracts, they were required to "ramp up" services quickly, transfer over surgeons and patients and increase their overall capacities. For the unsuccessful bidders the consequences were more pressing; with only five days notice they had to downscale their operations, make staffing adjustments, and relocate their surgeries to new facilities. The criticism that the process was far from optimal is totally legitimate, and this has been acknowledged by both AHS and the Minister of Health, Gene Zwozdesky.

But, let's not confuse that frustration with the second -- and far more important issue -- quality of care. Quality of service delivery was the cornerstone of the decision-making process, and this was expressly noted in the contract application. In fact, two-thirds of the decision criteria was based on quality factors including a proponent's capabilities and experience, capacity, patient service factors, practices and procedures, and facility equipment and standards.

It has been suggested that cost was the determining factor. This is simply not true, and everyone who competed for the services knows it. Cost was secondary, not a primary factor. Quality had to be assured before cost was even considered. And, when cost was considered it wasn't based solely on fees, but overall cost-effectiveness to AHS, and what additional value the surgical facility could offer through education, the use of new equipment and other factors.

Is there other misinformation? Unfortunately yes.

It has been suggested that there won't be enough capacity in Calgary's two centres to accommodate all the procedures. That's false. In fact, over the past couple of weeks there have even been instances of spots sitting empty that could have been occupied. If all of those slots were occupied 200 additional patients would have had their surgeries done by now. And, this was because ophthalmologists from facilities that didn't win the contracts wouldn't conduct their procedures in alternate facilities. Unfortunately, it is the patient that is adversely affected by that behaviour. But, on the whole, the majority of surgeons and their patients have willingly transferred to the designated facilities, and the process has been swift and efficient.

Yes, there have been a few issues related to patient rescheduling, but these are being addressed and are very transitory. Lastly, both of the winning facilities in Calgary are also in the process of expanding, thereby positioning them to take on new surgeries, some of which will accrue from the rationalization of ophthalmological services. In fact, several emergency surgeries have already been accommodated.

It has also been suggested that people who had scheduled procedures will now need to go without their surgeries, or will be delayed. The former is again false; anyone scheduled for surgery will get that surgery, with their own doctor, if their doctor accepts the new system. The only thing that might change for some patients is the location of their surgery, but they can rest assured that their own doctors will still perform the surgery, and that they will now do so in expanded and new facilities using state-of-the-art equipment.

At the end of the day, the voices of discontent on this issue come from a business perspective, not from the perspective of what is in the patient's best interest. Everyone who submitted on the contract knew exactly what the conditions were, how the proposals would be evaluated, and that the outcome would produce a consolidation of eye surgery services. Protests around this were only registered once the decision was made and winners and losers were announced.

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Government is not, and should not, be in the business of having to prop up businesses. The ophthalmologists who began their own private practices years ago did so because they recognized a public need, and a viable business opportunity. Likewise, everyone who competed for the recent government contract to centralize eye surgeries did so with an aim to build their business. There is nothing wrong with that; in fact, it is a pure reflection of the entrepreneurial Alberta spirit. But, it is disingenuous at best, and a distortion of the public interest at worst, to suggest that the recent decision will adversely affect those who are awaiting cataract and other eye surgeries. In fact, the complete opposite is true.

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