

Private medicine has role to play in prevention

Public funds come up short

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Private medicine might just be the solution to problems in our universal health care system. With burgeoning costs, long waiting times, doctor shortages and an aging population that will place an unprecedented burden on our public resources, private medicine offers a solution that promises to contain costs while continuing to deliver outstanding care.

Early advocates of medicare spoke of two phases. The first was to set up a universal health care system and control costs. The second more difficult phase, according to Tommy Douglas, was to "place the emphasis on preventive medicine." Financial impact studies demonstrate every dollar spent on preventive medicine returns \$4 to \$5 in savings. Compared with early detection or treatment, prevention also achieves superior health outcomes over the long term.

Canadian executives have known the power of preventive medicine for the last 25 years. Investments they have made in private medical programs have returned savings in terms of reduced health claims, fewer sick days, enhanced employee engagement and heightened productivity. But private clinics stand alone when it comes to programs that eliminate, delay or mitigate the impact of disease. Our system simply lacks the time, expertise and public funding.

Public funding often moves in lock-step with changes in government; prevention programs typically pay dividends over a longer period. When making hard decisions, it's often difficult to justify programs that pay back over multiple political terms. Until funding is available, GPs are unable to dedicate the necessary time — it's simply not practical to develop personalized prevention plans in a seven- to 15-minute visit.

When it comes to expertise, a sole physician cannot be expected to be a dietitian, an exercise medicine specialist, a psychologist, a case manager, a researcher, or an expert in any number of other disciplines. But private clinics often employ experts who work as part of a collaborative team providing a multitude of uninsured services in an unhurried manner. Ultimately, it's this combination of time and expertise that leads to excellent health outcomes.

Critics of private medicine often charge that elite clinics will inevitably lead to a two-tiered system. But studies done by the Canadian Institute for Health Information reveal our current system is already a combination of public and private medicine. Seventy per cent of our care is covered by public funding and 30 per cent is comprised of prescription medications, physiotherapy, specialized lab tests and other services privately funded.

Another popular myth is that all private clinics offer a fast lane for wealthy Canadians to circumvent waiting times and the Canada Health Act. This is simply not the case. Copeman Healthcare, a private Vancouver-based clinic, was audited by the Medical Services Commission in 2007 and given a clean bill of health.

"We provide a navigation and advocacy service that is very helpful in ensuring timely and appropriate followup care," explains Don Copeman, founder of Copeman Healthcare.

The LifePlus program at Copeman Healthcare is a \$3,200 uninsured service that integrates the care of physicians with a collaborative team of medical professionals. Executive health programs are offered at \$1,400.

Rather than quibble over public versus private, why not consider a hybrid system? Highly respected European models are based on public-private partnerships that foster collaboration, sharing and cross-pollination of ideas.

Surely the aim of any health care system is to deliver superior medicine at the lowest cost. It should not matter whether the services are delivered through a publicly funded system, a privately funded system or a hybrid model that leverages the best of both.

The solution to our deepening health care crisis surely lies in the realm of private medicine. Rather than simply raising taxes, curtailing services or lengthening waiting lists, isn't it time we encouraged innovation and looked for ways for public and private care models to work in unison?

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