

Ban on double-dipping essential to protect medicare

BCNU LEGAL ACTION AIMS TO FORCE VICTORIA TO CRACK DOWN ON ILLEGAL FEES AT PRIVATE CLINICS

THE NEED TO PROTECT PUBLIC medicare by stopping physicians from double-dipping with public and private money is central to BCNU's legal action against the provincial government.

The action is more critical since the Supreme Court of Canada struck down the ban on private insurance in Quebec.

BCNU launched our court action last April in light of continuing violations of the BC Medicare Protection Act and the Canada Health Act by physicians working at various BC private clinics.

In a petition filed in BC Supreme Court, BCNU asks for an order requiring Victoria to audit private clinics, and require they pay back patients who have been charged extra fees for procedures covered by medicare.

Prohibiting double dipping is critical to protecting medicare, a system that guarantees doctors lots of patients and assures them they'll be paid out of the public purse. But if doctors can double dip, they can refer some of their medicare patients to private facilities,

where physicians collect extra fees while waits for their services at public facilities grow.

In examples cited in BCNU's court petition, physicians were paid by the provincial Medical Services Plan for services they provided in private clinics, but the

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patients were then billed several thousand dollars for the same procedure by the private clinics as a "facility fee."

"It's time the Campbell government took action against clinics for undermining medicare by improper billing practices and by drawing doctors and nurses away from hospital operating rooms," McPherson says. "These clinics are harming whatever efforts the government has made to more fully utilize the capacity to do more surgeries in public facilities."

Some BC health authorities - including Vancouver Island and Interior - are rewarding these clinics and helping them grow by contracting out surgeries for patients who otherwise would receive care in public hospitals. The Vancouver Coastal Health Authority has stopped this contracting out, because it found it is more cost-effective to do the surgeries in its own public facilities.

In 2003, BCNU succeeded in having a patient reimbursed \$3,000 for extra charges assessed at the McCallum clinic in Langley. The patient, who is a BCNU member, was told the pain-relieving knee operation she required involved long waiting times if they were performed in a public hospital, but that the physician could do the procedure quickly in a private clinic.

In November 2003, the Campbell government passed legislation giving them increased powers to audit billing practices at private clinics to enforce the Medicare Protection Act and stop double-dipping. The law received Royal Assent. But after protests from private clinic operators, the premier announced the new law would not be implemented.