The Grass is Always Greener...

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Through the American Academy of Podiatric Practice Management, I recently had the opportunity to speak to our neighbors to the north, the Ontario Podiatric Medical Association in Toronto. Just prior to my trip, myself, along with a few other speakers found ourselves scurrying to find out more about the Canadian Health Care System. Certainly, my Cost Containment presentation would have to be modified in order to become relevant to their needs. What we discovered during this visit was indeed interesting.

The members and staff of the OPMA greeted us graciously. They were eager to hear our presentations as well as what life is like as an American Podiatrist.

In Canada, there are Podiatrists as well as Chiropodists. The Chiropodists play an important role in the palliative treatment of foot problems. Interestingly, they are allowed to treat the condition, but not allowed to render a diagnosis. Some Chiropodist pursue additional training in order to qualify to administer a local anesthetic. A Podiatrist may establish a formal diagnosis as well as perform bone surgery.

With the differences in training put aside, what I found most interesting was that which was truly germane to my presentation on cost containment strategies. Their business operations are indeed quite different from ours. In fact, my presentation was in need of a last minute complete overhaul! To summarize, a Canadian foot care specialist renders treatment, the patient pays at the time of service, and it is the patient's responsibility to procure any possible reimbursement from the government. A National Health Care System covers all citizens with a basic medical plan. Some citizens opt to have supplemental coverage and many foot- related conditions are not covered by the basic or supplemental system. The Canadian specialists set their fees based on a competitive rate. No insurance claims, no denials, no referrals, no collection ratios! I'm sure that you could imagine how this would impact operational costs. As an example, in order to conquer the large administrative burden caused by the collection process, a typical podiatry office in the U.S. has about 3.5 full- time equivalent staff per full time doctor. In Canada, I found this ratio to be about 1.5.

The Canadian Reality...

The Ontario Health Insurance Plan (OHIP) is governed by the Ministry of Health and Long Term Care. All Ontario residents are eligible for this provincially funded health coverage. While it pays for a wide variety of services, the plan does not cover those services deemed medically unnecessary or cosmetic. While some of Podiatry is partially covered, Chiropody is not. A Podiatrist is allowed to balance bill a patient following payment from OHIP.

Surprisingly, most foot care specialists that I spoke with at the seminar are very negative toward the Canadian system. They mostly cite the well- known horror stories of long waiting periods for any condition that is less than life threatening. They feel the pressures of reduced budgets and wonder what their government does with all the collected taxes. In this regard, I couldn't help but feel right at home!

While I will not dare to voice my opinion of whose healthcare system works better, the statistics show that perhaps our colleagues to the north are a bit too critical of their system. Infant mortality rates are often used to as an indicator of a country's state of health development. Infant mortality rates are based on the number of infant deaths (less than one year old) per 1000 live births.

With the exception of Japan, Canada has experienced the most dramatic decline in infant mortality rates in the past 35 years. Comparing international differences in infant mortality rates

must indeed be performed with caution, as there are variations in methods used to register live births. This caution not withstanding, the Canadian rate of 6.1 per 1000 is lower than that of the United States which is reported at approximately 7.5. Finland apparently has the lowest rate at 3.9 per 1000.

In a September 30th Ontario Government Press Release, Health and Long Term Care Minister, Tony Clement cited the results of a patient satisfactory survey performed in Ontario. According to the findings, 84.7 per cent of Ontarians are either very or somewhat satisfied with the overall health care services provided in Ontario.

The Canadian Perception...

The Canadian foot specialists that I interacted with seemed rather envious of the United States Health Care System. I found them just as eager to learn about our system as I was about theirs. During my 1½ hour Cost Containment Workshop, we all enjoyed exploring the differences and the similarities of our systems. They were shocked to learn about our documentation requirements. In fact, the differences in requirements for documentation necessitated that I completely skip over the electronic medical record part of my presentation. Canadian documentation for a palliative visit, for example, requires about one sentence! They were equally surprised to learn that a physician participating in managed care is held to an approved amount and is not allowed to bill a patient for the balance of the physician's fee schedule. They were appalled to learn that patients in our managed health care system paid very little at the time of service, leaving the providers responsible to fight for reimbursement. I wouldn't dare try to explain the HIPAA protocols to them!

Following our three- day visit to Toronto, it became abundantly clear that both the U.S. system as well as the Canadian system had its individual strengths and weaknesses. While we can now boast that we are "international speakers", my fellow Academy members and I were happy to return to our **own** problems and challenges facing us on Monday morning. I am confident that none of us would ever trade places with our Canadian counterparts. I am also sure that our new Canadian friends are a bit less envious of our system.

As I flew home 22,000 feet above the beautiful Niagra Falls, I could not help but think of the old proverb: the grass always appears greener on the other side.

- 1. Kovner, Anthony R, Health Care Delivery in the United States, sixth edition, Springer publishing Company, New York
- 2. Ontario Ministry of Health and Long Term Care @ www.gov.on.ca/health/index.html

Dr. Guiliana is a Fellow and Trustee of the American Academy of Podiatric Practice Management. He is a nationally recognized author and lecturer in topics pertaining to Practice Management. He holds a Master's degree in Heath Care Management and practices in Hackettstown, New Jersey.