



Outpatient Surgeries

2021 Value-for-Money Audit

Why we did this audit

- Research and studies indicate that outpatient surgeries, when performed safely and appropriately:
 - allow patients to recover in the comfort of their homes; and
 - free up hospital beds.
- According to data from Ontario Health, in 2020/21, almost 350,000 outpatient surgeries were performed in Ontario, compared to approximately 457,000 to 475,000 outpatient surgeries in the four years prior to the impact of COVID-19. About 95% of outpatient surgeries were performed in public hospitals with the remaining being performed at 10 independent health facilities (IHF) and one private hospital.

Why it matters

- Poorer patient health outcomes can result when there are significant delays.
 - This can lead to deterioration and/or complication of patient conditions.
- Independent health facilities and private hospital are performing certain outpatient surgeries where:
 - oversight is critical to ensure that they are providing cost-effective quality care; and
 - patients are provided clear, accurate information about charges for non-OHIP-covered services.

What we found

Long and Increasing Wait Times for Outpatient Surgeries

- Long wait times - between 2016/17 and 2019/20 wait times were:
 - 100 days for gallbladder surgery
 - 259 days for forefoot surgery
- Wait times increased in 2020/21 as a result of COVID-19:
 - 157 days for gallbladder surgery (+57%)
 - 356 days for forefoot surgery (+37%)
- There are regional differences in wait times
 - For forefoot surgery:
 - North region: 111 days in 2019/20
 - Toronto region: 354 days in 2019/20 (almost 3X longer than North region)
 - For knee joint replacement surgery:
 - Toronto region: 98 days
 - West region: 322 days (almost 3X longer than in the Toronto region)
 - There is no province-wide centralized intake or referrals for outpatient surgeries - the process is ad hoc in some regions, for some types of surgeries
 - Hospital operating rooms remained underused in 2019/20 and about 34% of hospitals did not meet the 90% target rate for operating room use
 - Surgeons' wait times are not tracked or publicly reported
 - Surgeons at the same hospital can have significantly different wait times.
 - one ophthalmologist had an average wait time of 155 days while another had 42 days.
 - This information is not available to the public in Ontario; Alberta and BC publicly report wait times by surgeon.

Poor Co-ordination of Outpatient Surgeries

- Outpatient surgeries can be delivered by public hospitals, private hospital, and independent health facilities. However, they operate in silos, follow different reporting requirements, and are overseen by different parties:
 - public hospitals and one private hospital: Ontario Health
 - 10 independent health facilities (IHF): Ministry of Health
- Percentages of some types of surgeries performed as outpatient surgeries differ between hospitals
 - For example, in 2019/20, on average Ontario hospitals performed hernia surgeries as outpatient surgeries 95% of the time, but for one hospital, the outpatient rate was 72% of the time
- No evaluation of cost-effectiveness of outpatient surgeries at different settings
 - main hospital sites, in ambulatory hospital areas, or surgical areas
 - the Ministry and Ontario Health have not yet evaluated practices for effectiveness and cost-efficiency, whether they could be widely adopted

RECOMMENDATION 5, 6, 7

Outpatient vs Inpatient Surgery Quality Not Unknown

- Outpatient surgery quality is not adequately and consistently monitored in Ontario.
 - There is no centralized method to measure surgery quality and outcomes.
 - Hospitals typically do not monitor quality and outcomes for inpatient and outpatient surgeries separately, to compare outcomes.

RECOMMENDATION 8

Outdated Funding Rates, Billings Not Reviewed

- No regular tracking of cost information has resulted in no updates to funding for outpatient surgeries for years.
 - knee arthroscopy funding has not been reviewed since 2015/16.
- The Ministry does not adequately oversee and monitor unreasonable outpatient surgery volumes and billings.
 - four ophthalmologists each billed the Ministry between \$860,000 and almost \$1.1 million in 2019/20. Each of them performed more than 2,000 cataract surgeries that year with a maximum number of cataract surgeries in a single day ranging from 34 to 47.

RECOMMENDATION 9, 10

No Protection for Patients Against Inappropriate Charges

- The Ministry has no oversight mechanism to prevent patients from being charged inappropriately for publicly-funded surgeries.
 - patients were misinformed of their right to receive standard cataract surgery free of charge through OHIP
 - Some sales practices included charging patients for optional add-ons such as specialty lenses at \$450 to almost \$5,000 per eye.

RECOMMENDATION 11, 12

Conclusions

- The Ministry and Ontario Health do not ensure system-wide quality and oversight of outpatient surgeries.
 - Patients experience long wait times, and wait times vary considerably by region.
 - Ontario does not coordinate provincewide to measure quality and outcomes for all surgeries; and
 - Hospitals typically do not monitor quality and outcomes for inpatient and outpatient surgeries separately to be able to compare costs and outcomes.
- The Ministry does not regularly review and monitor funding or billings for outpatient surgeries;
 - some surgery funding rates have not been reviewed since 2015/16, so the Ministry does not know if the rates are covering—or exceeding—the actual costs associated with providing the surgery, which in effect could result in under- or overfunding of certain surgeries.
 - no monitoring for unreasonable outpatient surgery volumes and billings, or for sales practices including providing misleading information, leading to charges for unnecessary add-ons.