

Unique Opportunity for Hospital – Clinic Partnerships

Dear OACE Members,

We would like to make our members aware of a unique opportunity, possibly time-limited, to explore partnerships between out of hospital endoscopy units (OHPs) and hospital facilities. The OACE Executive has been informed by Ontario Health (formerly CCO) that there is concern for the significant backlog in endoscopy cases. Projections estimate it could take two to four years to catch up on the backlog of endoscopy case volume. There is interest therefore in exploring how to address these wait times more efficiently. One consideration would be to support partnerships between OHPs and hospital facilities.

Premise: It is important to recognize that Ontario Health/CCO has been supportive of funding OHPs for several years, but this initiative was canceled by the Ministry of Health after the last provincial election. Endoscopy volumes are significantly decreased this year due to COVID, and a large back log may expand with a second wave. Other opportunities to “catch up” on backlogged cases are being explored.

Opportunity: OHPs have a large capacity to do lower risk endoscopy procedures. Barrie Endoscopy has been a successful pilot project in funding OHP endoscopy procedure volumes and this model could be replicated in other regions. In such a partnership, an OHP would be viewed as a “satellite endoscopy unit” for the hospital. All QBP funding would flow through the hospital, and a portion of the funds would follow those patients that are treated at the OHP. This would enable the hospital to reach target volumes and target funding.

Additional Advantage – Hospital endoscopy units would have more timely access for more complex cases, which are reimbursed at a much higher rate in QBP (eg: large polyps).

Patient Safety – Wait times would come down. All CCO Quality Metrics would be tracked and reported back to CCO, in the same way and by the same mechanisms as are currently done in hospital.

Transparency – A memorandum of understanding (MOU) would be drafted between the hospital and OHP, and CCO would want to ensure that all quality metrics could continue to be tracked and reported.

Precedent – This arrangement has already been in existence for several years with Royal Victoria Hospital and Barrie Endoscopy.

This is a unique opportunity that has arisen from the COVID pandemic, but likely has a limited window of time to execute. If there is an existing relationship (eg: cross-appointment) between your OHP and a hospital facility, then you should discuss with your hospital the formation of such a partnership. For those that do not have a cross-appointment with your local hospital, then you can still try to liaise with the CEO, VP Clinical Services or Chief of Staff to discuss partnership opportunities. Our organization would be pleased to provide support.



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