



BARGAINING BENEFITS

**CUPE
RESEARCH**

SECOND OPINION SERVICES



Have you heard about “Best Doctors Inc.?” or “Health Service Navigator”? Both of these are names for a new kind of service that insurance companies are marketing. The service offers a second opinion by a qualified physician, for a fee.

Second opinion services are a product sold to consumers by insurance companies, like critical health insurance, life insurance, or Long Term Disability (LTD) insurance. They emerged in the American private health care system and are now being marketed to Canadians.

How does it work?

According to Insurance-Canada.ca:

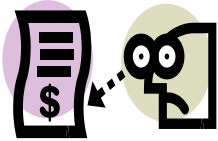
“With the Best Doctors Service Card, the member has access to a Personal Advocate **if they suspect they have one of 18 listed medical conditions.** (emphasis added) Best Doctors will perform an in-depth review of the member's medical files to assist in the development and confirmation of the diagnosis and to help develop a treatment plan. Members and their physicians will have access to the latest technologies and opinions of world-class specialists. The Personal Advocate will engage doctors affiliated with Harvard Medical School to help explain the member's options and determine the best care provider for the specific condition. While the member is receiving medical care, the Personal Advocate will review the necessary information provided

Who are ‘Best Doctors Inc.’?

“Best Doctors’ offer a second opinion on your doctor’s diagnosis for a fee — If you have one of the 18 conditions they cover, that is. They offer services covered by public Medicare which makes them a private health care provider. Companies like this profit from the weaknesses of the public system like long wait times and a scarcity of family physicians, and from people’s fears of missed diagnoses and inaccurate tests. Best Doctors is a worldwide operation with more than 50,000 “world-renowned physicians” in 30 countries who will review your diagnosis and offer advice on treatment. They’re so confident in

by the medical specialists involved and will continually monitor the treatment process to help ensure the member's medical priorities are met.”
(Source: <http://www.insurance-canada.ca/consinfohealth/Clarica-access-Doctors-506.php>)

Your medical files are sent electronically over the internet, which raises privacy concerns. Privacy protection varies in Canada and the U.S. and patients may well be concerned about what cross border protection exists for their personal medical information.



What does it cost?

Some insurance companies introduce this service “for free” initially. Offering it free is just a marketing tool to get people to try it and like it, and then they will charge for it. In the meantime, it’s not really “free”, because the cost gets rolled into everyone’s premiums (i.e. all the carrier’s plans). Manulife’s fee for providing Health Service Navigator free, is actually \$1.50 per plan member, per month, according to their website. Once the service is purchased as part of a benefit plan, there are annual costs.

For example, Sun Life offers the ‘Best Doctors Service Card’ program for \$90 a year for individuals or \$180 a year for families. In a plan with 5,000 members for example, that generates almost half a million dollars ($\$90 \times 5,000 = \$450,000$) **every year**. No wonder insurance companies are marketing these plans! Just think what half million dollars a year could do to reduce shortages of health care services in the community.

The three leaders in remote second opinion services in the U.S. (the Cleveland Clinic, Johns Hopkins Medicine and Partners Online Specialty Consultations) estimate they each serve about 1,000 patients annually. Average upfront cost of the services ranges from \$500 to \$1,500, depending on the number of radiology or pathology interpretations required.

What is driving the demand for this type of service?

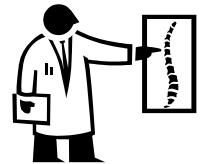


✿ Ideology

- Medicare faces many challenges – underfunding, wait times, lack of family doctors, staff shortages, to name a few. CUPE advocates for improvements to health care funding and delivery for all Canadians. Plans like “Best Doctors” advocate and facilitate going outside the system for those who can pay.

✿ Scarcity of primary care physicians

- According to the College of Family Physicians of Canada, 12 per cent of Canadians don’t have a family doctor. That’s four million Canadians without access to primary medical care. Insurance companies have figured out that there’s a big “market” for these kinds of services.
- Some progress is being made through increased enrolments in medical and nursing schools and more newly licensed Canadian and international graduates, but more needs to happen to generate enough primary care physicians to treat our aging population. You may be able to do without a family doctor when you’re 30, but in your 50s and 60s health problems begin to emerge.



✿ Media coverage of misdiagnosis and lab test errors

- Media coverage of mistakes and misdiagnoses has undermined confidence in the system.
- The Canadian media has been filled with wrenching tales of families torn apart by the death of a loved one misdiagnosed—or the agonizing regret of a breast cancer victim suddenly made to realize that the treatment she had been undertaking all this time, may have been misguided and

ineffective while her cancer continued, unchecked.

care, draining the public system of both cash and skilled staff.



- In Newfoundland from 1997 to 2005, at least 386 breast cancer patients were found to have received the wrong results on tests that were used to determine their treatment. At least 108 of those patients have since passed away.
- Best Doctors website refers specifically to “recent” errors in diagnosis to promote their program. According to Diane Carmichael, President of “Best Doctors Canada” initial diagnoses worldwide are incorrect 22 per cent of the time. She said that rate can be as high as 50 per cent for some cancers. The Canadian Medical Association and Statistics Canada were unable to confirm those statistics, which could speak to the credibility of the statistics.
- In response to recent scandals about testing accuracy, The Royal College of Physicians and Surgeons of Canada and the Canadian Association of Pathologists have created the Canadian Pathology and Laboratory Medicine Leadership Council, a national body designed to produce uniform standards for hospital laboratories across the country and prevent more patients from being wrongly diagnosed.

- ✳ Canada’s health care system already offers patients a second opinion for free.
- ✳ You have to read the small print!
 - The plan may not cover pre-existing conditions: The fine print says: “If the Member was diagnosed or has received treatment relating to any of the listed Medical Conditions during the twenty-four (24) months prior to the effective date of the Best Doctors group membership, services will not be available for the same Medical Condition(s) for twelve (12) months following the effective date of the Group membership (not applicable to groups with over 50 eligible employees).” Source:



www.BestDoctors.com

- The plan only covers certain conditions. The fine print says: “The Best Doctors Inc. plan only covers 18 conditions: AIDS, Alzheimer’s Disease, benign brain tumor, blindness, cancer, cardiovascular conditions, coma, deafness, kidney failure, loss of speech, major organ transplant, Neuron disease e.g. ALS, Lou Gehrig’s, multiple sclerosis, paralysis, Parkinson’s disease, severe burns, stoke, trauma.” (Source: <http://www.ocad.ca/Assets/Best+Doctors+Brochure.pdf>) There’s a risk that when you need the service, yours might not be one of the eighteen accepted conditions.
- If you have to travel to receive treatment, you’re on your own for costs. The fine print says: “While we strive to work within the Canadian healthcare system, Best Doctors FindBestCare will access hospital and doctor discounts if out of country care is necessary and will ensure vital information is sent to the medical specialists involved. If you travel away from home to receive treatment, Best Doctors can assist with reservations and accommodations. This can help reduce the stress of receiving the care you need while away from home. “Expenses relating to

Why do we oppose this type of service?

- ✳ It’s privatization! And CUPE strongly opposes privatization.
- ✳ Privatization is providing a service for profit that is available through the public system. That’s what these services do. The more services the private facilities provide, the more the public system is eroded. And the more the public system is eroded the more people will look to private health providers to provide the services. It is a downward spiral towards private health

FindBestDoc and FindBestCare are the responsibility of the member. Source: Best Doctors.com

- Services like these are promoted by the same people who advocate P3s that CUPE has repeatedly shown cost more and don't serve the public interest. Diane Carmichael of Best Doctors, "Best Doctors, a medical advocacy service, is the kind of company that can make a public-private partnership work."

- Medicare provides equal access to services for all Canadians regardless of financial circumstance. The fundamental principles of Medicare are threatened when some can access services more quickly than others simply because they can afford to pay for it.



Conclusion

Second opinion services are being marketed to our members by insurance carriers because they are a major source of new revenue and profit for the insurance industry. They privatize health care, undermine the basic principles of Medicare and facilitate queue jumping, all of which contravene CUPE's approach to health care.

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