

September 26, 2022

sent via email

The Honourable Adrian Dix
Minister of Health, BC Government
1515 Blanshard Street, Victoria BC V8W 3C8
Sent by Email to HLTH.Minister@gov.bc.ca

Dear Minister Dix:

Last week the alarm bell rang about an estimated one million patients waiting to see a specialist physician in BC. Radiologists see this crisis unfolding every day, with hundreds of thousands of patients waiting for medical imaging in BC. We know that timely access to medical imaging saves lives and helps prevent disease progression. We fear for the tsunami of cancer cases (including those initially detected at stage II and above) that may be coming in BC because of delayed access to medical imaging. We are asking for urgent action to address this issue and want to work with you to develop specific solutions.

As you know, medical imaging is a cornerstone of our health system that patients and all physicians (family physicians and specialists) rely on for diagnosis and treatment of a broad range of medical conditions. Delays in medical imaging cause delays in diagnoses, specialist referrals, surgeries, medical treatments, cancer care, and more.

There are four key areas that need to be urgently addressed to improve, and prevent further deterioration in, access to medical imaging in BC:

1. **Health human resources:** There is a critical shortage of medical imaging technologists (x-ray, sonography, and other modalities) in BC. Nearly every facility in the province is trying to recruit, with little success. Many technologists are working excessively long hours to try to keep up with demand. Innovative solutions need be explored immediately to recruit and retain experienced technologists to increase short-term capacity, and more needs to be done to develop/train new technologists for the longer-term.
2. **Equipment:** Much of the current medical imaging equipment in acute care facilities is outdated and needs replacing to increase quality and throughput, and there is significant need for net new equipment to keep up with demand. Investments in innovative technologies in areas such as interventional radiology and breast imaging (e.g., tomosynthesis) are also needed. We applaud the government's recent investments to increase the number of MRI and CT scans. While some progress has been made, it is simply not enough. The current approach of relying on foundations for medical imaging equipment funding is not working. A long-term capital plan with sustained investments is required.

3. **Breast Imaging:** We are very concerned about delayed access to breast imaging. Action is needed to reduce wait times for breast biopsies and supplemental imaging for patients with higher risks (e.g., dense breasts, family history, etc.). A new fee code application for tomosynthesis (a mammography technology that can detect cancer earlier and has become the standard of care at most imaging sites across Canada) has been with your office for over two years with no action. October is breast cancer awareness month. There is no better time than now to take action to improve access to breast imaging in BC.

4. **Community Imaging Clinics (CICs):** There is a crisis brewing in CICs that, if not urgently addressed, could lead to significant further deterioration in access to medical imaging. Much like most family physician clinics, CICs are community-based, privately owned clinics that provide publicly funded services. CICs receive referrals from physicians and provide over one million imaging studies annually, including approximately 60% of all breast imaging. They are a vital resource as acute care facilities are not equipped to manage the full capacity of outpatient imaging. CICs performed an especially critical role during COVID where patients requiring medical imaging were accommodated when hospitals closed to outpatient services. Funding for CICs is similar to family physician clinics, on a fee/study basis. However, CICs have extremely high overhead costs (over 70% of fees paid) as they are responsible for purchasing (and servicing) medical imaging equipment and paying for technologists, administrative staff, and lease costs. As with family physician clinics, CICs are experiencing rapidly increasing costs due to inflation. Several of these clinics are at risk of closing or reducing services due to increased costs. If this were to occur, it would have a catastrophic impact on medical imaging wait times. All of those imaging studies would then fall to acute care facilities, which are already overwhelmed. Minister Dix, we applaud your recent decision to provide emergency funding relief to family physicians so they can keep “their lights on” in their community clinics. There is, however, a similar emergency situation that exists with CICs, which require additional funding for overhead costs so that they can keep their lights on.

We cannot stress enough the urgency to take action on the CIC issue now, before the situation becomes much worse. We are more than willing to collaborate with you to develop specific solutions for remaining issues, but that work needs to start now.

Sincerely,



Charlotte Yong-Hing, MD, FRCPC
President
BC Radiological Society

Cc:

Ms Shirley Bond, MLA, Health Critic, Official Opposition