

## Physician billing highest in Ontario, lowest in Quebec

In 2001/02, family physicians who billed at least \$60 000 received, on average, \$67 910 less in fee-for-service payments than specialists, according to the Canadian Institute for

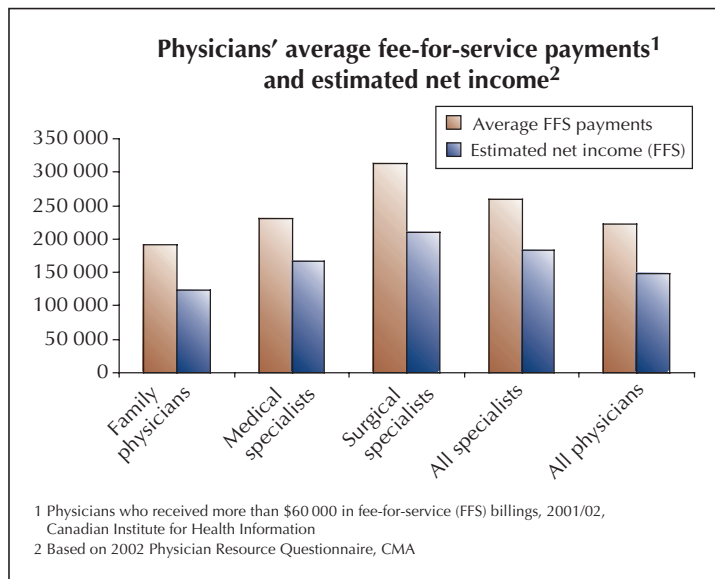
Health Information (CIHI).

Average gross payments to all physicians who billed at least \$60 000 were reported as \$221 901. Overall, billings were highest in Ontario, with an av-

erage of \$240 096 per physician, and lowest in Quebec at \$179 803.

To estimate net income, an adjustment for practice overhead is needed. According to the CMA 2002 Physician Resource Questionnaire (accuracy rate of  $\pm 1.9\%$ ) the average overhead for physicians who were primarily fee-for-service was 35% of gross earnings for family physicians, 27% for medical specialists and 33% for surgical specialists.

When the overhead estimates are applied to the CIHI gross billings, estimated 2001/02 average net incomes (before taxes) from fee-for-service payments were \$124 103 for family physicians, \$167 750 for medical specialists and \$209 184 for surgical specialists. Net income is estimated at \$183 775 for all specialists combined and \$148 674 for all physicians. — *Lynda Buske*, Associate Director of Research, CMA



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### WAITING TIMES

## Saskatchewan's 22-month wait for an MRI is "almost criminal" says radiologists' association

Saskatchewan is under fire for having the longest waiting time in the country for a diagnostic MRI — a whopping 22 months.

The Canadian Association of Radiologists (CAR) describes the situation as "almost criminal" and warned that the province could face legal action from patients. "Denial of care is a violation of the Canada Health Act," said chief executive Dr. Normand Laberge. "To use an expression, they are getting away with murder."

"Waiting a year for a diagnosis of MS is the difference between quality of life and death."

Saskatchewan Minister of Health John Nilson agreed the wait is too long, but denied it is hurting patients.

"We're having some chal-

lenges right now," said Nilson. "If you have an emergency situation, you can get an MRI right away. That is how our system works."

He said only elective procedures, including follow-up MRIs for cases already diagnosed, wait longer than about 7 months.

About 4500 people are now waiting for an MRI in Saskatchewan. The province has 3 MRI machines, but a 1999 CAR report estimated at least 5 are needed to meet the needs of 1 million people.

"The challenge for us is that doctors are finding more and more effective uses for MRIs," said Nilson. He said the first priority is to make more efficient use of the existing MRIs

by operating them on evenings and weekends. He said his goal is to cut the waiting time to 6 months, and he may consider buying a fourth MRI this year.

Saskatchewan's NDP government has steadfastly refused to allow private MRI clinics, fearing it would create 2-tiered health care.

That prohibition may be put to the test as the Muskeg Lake First Nation considers building a health clinic with an MRI machine on reserve land in Saskatchewan. First Nations are self-governing and not bound by the Canada Health Act, so the clinic could offer private MRI services.

"It's the perfect solution to a problem that shouldn't exist in the first place," said Laberge. — *Amy Jo Eberman*, Saskatoon

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