Canadian Ophthalmological Society | Société canadienne d'ophtalmologie
EYE PHYSICIANS AND SURGEONS OF CANADA | MÉDECINS ET CHIRURGIENS OPHTALMOLOGISTES DU CANADA

Non-Hospital Surgical Centres Advocacy Principles

The following set of Non-Hospital Surgical Centres (NHSC) Principles is a distilled set of advocacy principles developed by the Canadian Ophthalmological Society. This document is based on feedback from a COS Workshop on NHSC held in September 2021, and from member and stakeholder surveys undertaken during the spring of 2022.

	Principle	Description	Context and Rationale
1.	**Quality, Ethical Care is Paramount**	• Ophthalmologists' principles of ethical medicine, not private profits, are the paramount focus of non-hospital surgical centres.	• There is concern within the profession that "profit" will become an overwhelming motive in unregulated non-hospital surgical settings. • The focus of this principle is to manage the risk of creating a two-tiered system where the ability to access services is based on an ability to pay for additional items such as diagnostic testing, incidentals, and disposables.
2.	**Eye care is Healthcare**	• Government funders recognize that eye care is healthcare and guarantee that it has fair and equitable access to publicly funded insurance programs and health system resources.	• There is concern within the profession that governments do not understand, and/or see, eye care as necessary healthcare that is to be covered through single-payor insurance plans. This creates a willingness to reduce funding for eye care and push services out to private providers and coverage to private insurance plans. • The focus of this principle is to manage the risks that a move of

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		procedures outside of hospitals will encourage: ○ Hospitals to cut budgets for ophthalmic services and reduce or eliminate privileges in the long-term. ○ Governments to under-cut fees through RFP processes that reduce access to service over the long-term. ○ A possible disconnection of OR time with call coverage, and an associated reduction in the human resources needed to ensure ophthalmology services.
3. Preserve Choice within Public Healthcare System(s)	• Ophthalmologists and their patients must have a choice as to where they deliver and receive their care, with capacity and privileges being sustained within publicly funded hospitals and supplemented by non-hospital surgical centres.	• Where governments opt to use non-hospital surgical centres, the profession would like to see a clear set of guidelines that both hospitals and these centres are expected to use with respect to insured and uninsured services[1]. This involves leveraging the fact that governments are pushing services to non-hospital surgical settings to develop partnerships with governments and hospitals to sustain access to quality care. • The focus of this principle is to manage the following risks: ○ The risk that a move of procedures outside the hospital setting will encourage hospitals to cut budgets for ophthalmic services and reduce or

[1] It is noted that policymakers must recognize that a lack of oversight could possibly lead to erosion of adherence to guidelines over time, especially in highly competitive and high-cost areas of the country. This could have a major downstream effect on the patients: namely patient-care, and cost to the patient. There must be a method to audit and review hospital and non-hospital surgical centers to ensure the highest quality is consistently being offered without dissolution of standard of care procedures, and without unethical over-charging of patients.

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		eliminate privileges in the long-term. ○ The creation of division: (i) within the profession between clinicians that deliver services within and outside of hospitals; and, (ii) between the profession and other medical professions through the loss of collegiality that is fostered in a hospital environment where resources are shared.
4. Ownership and Governance Aligns With Ethical Medicine	• No matter the ownership structure, NHSCs should have consistent and transparent governance structures that reflect their roles as partners of publicly funded health systems. • Whether privately owned, or run as non-profits, the profit motive must be addressed. This could be via a regulatory framework, an independent Medical Director or Board, a mission statement, or agreed upon guidelines that are subject to audit and review. • Ultimately, a governance structure is not about over-scrutiny. It simply ensures accountability, and addresses conflict of interest, while preserving the independence of medical decision-making.	• There is a concern within the profession that non-hospital surgical centres that are run and/or controlled by non-clinical business units will result in monopolistic practices, with leadership/administrators pushing unnecessary revenue generating quotas for diagnostics, tests, examinations, lenses, etc. on clinicians (and by extension, patients). • The focus of this principle is to manage the risk that non-clinical considerations will take precedence over clinical and patient interest considerations.
5. Maintain a Stable, Innovative, & Fair Business	• As partners to the publicly funded health systems, governments will pursue value-based procurement approaches that provide a	• The focus of this principle is to mitigate business sustainability risks through value-based procurement models that limit need for non-hospital providers to upsell services

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	Operating Environment	stable business environment in which non-hospital surgical centres will deliver efficient, effective, high-quality, and innovative care.	to manage margin pressures and provide an incentive structure for sustained investment in innovation. • The heavy emphasis on cost in RFPs, and the continued under-cutting of fees, could affect quality, reduce physician autonomy and the attractiveness of the profession, while potentially adding financial burden to patients and reducing access to service. • In many instances, governments can end contracts at any time, thus putting investments and livelihoods at risk.
6.	**Ensure Sustainability of the Profession**	• The use of non-hospital surgical centres must include a commitment to the sustainability and quality of the profession through the provision of teaching and training capacity for future clinicians and annual minimum investments in innovation as a condition of licensing.	• There is a concern within the profession that a move to greater use of non-hospital surgical centres will lead to: (i) a reduction in teaching capacity and time if non-hospital centres are not required to provide capacity and time for teaching future ophthalmologists; and, (ii) limited access to routine cases for teaching and grading purposes in hospital settings, (iii) a reduction in human resources for providing comprehensive ophthalmic care. • The focus of this principle is to encourage a regulatory and government contracting regime that: (i) preserves teaching time and access to teaching cases; (ii) requires non-hospital surgical settings to invest in innovation; and, (iii) preserves the human resources necessary for comprehensive ophthalmic care.
7.	**Protect and Respect Publicly Funded Procedures &**	• Non-hospital surgical centres, supported by appropriate regulator oversight and reporting, will adhere to high clinical and	• There is concern within the profession that there will be a profit driven incentive to denigrate the quality and efficacy of publicly insured services and products in

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Equitable Access	business standards with publicly funded procedures being respected and delivered. • NHSCs will reflect the COS's commitment to advocacy for equitable access to medically necessary care. • Equitable access requires a prioritization of procedures that are publicly funded and medically necessary, as well as a commitment to a standard of care.	favour of more costly, non-publicly insured products. • There is also a desire to ensure that the profession, supported by government funders, should share information on leading practices between care settings to inform, and support enforcement of, standards for non-hospital centres (ensure there is a levelling up to leading practice as opposed to a race to the bottom of practice). • The focus of this principle is to ensure that guidance, backed by regulatory enforcement, is adhered to in a way that patients are not dissuaded from publicly insured services where they are medically appropriate and effective.

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