ESTIMATES: MINISTRY OF HEALTH
Thursday April. 27 2023

Shirley Bond: I want to move on to medical imaging. We have heard so many challenging situations. In fact, the minister knows that last fall the B.C. Radiological Society proposed a number of solutions to address the medical imaging crisis in B.C.

I'm wondering, in light of that: can the minister outline for me — again, he can provide those issues to me later, with a chart or graph if that's preferable — the current vacancy rates for sonographers, medical imaging technologists in general and cardiac? And how many med. rad technologists does B.C. need to reach the national average of MRTs per capita?

Hon. A. Dix: Yes, the ministry has engaged with the B.C. Radiological Society on some of these questions. I know that the member….
I just wanted to say, finally, on the previous question, without reopening the debate in any way on Bill 36, that since royal assent, the Ministry of Health has held 40 consultation sessions with external and internal stakeholders. That work continues — without getting back into the discussion of Bill 36, which we could debate for a long time. But I think, our positions…. In fact, we did: 47½ hours.

In any event, with respect to our actions and responses here, the member will know on diagnostic care that this has been a major area of focus since I've been Minister of Health, on MRIs. As the member will know, I won't repeat this more than once, we've gone from 174,000 a year to 300,000 a year. And that result required an enormous increase in the workforce. It was particularly felt in northern communities, where the rate of MRIs had been particularly low. But every one of the province's communities, like Surrey in particular, benefited from that.

On equipment, just to say that since I became Minister of Health: two net new PET-CT scans; 17 net new MRI units; six net new CT scan units; 297,000 MRIs, an increase of 121,000; 920,000 CT scans, an increase of 228,000. We're leading the country on MRIs. I don't say that in response to the B.C. Radiological Society. They're part of what achieved that, and it has been exceptional. That has involved, of course…. We can talk about staffing across…. There is a very significant increase in staffing and in training.

In terms of health human resources, some of the aspects of that, the response to a lot of the issues, of course, which were raised by the B.C. Radiological Society. Since 2019, the total number of annual diagnostic medical sonography seats has doubled in B.C. from 40 to 80, including new programs at the College of New Caledonia, which is a significant one, and Camosun College in Victoria. This is critical for us to ensure that those machines in the North that we've added and those hours that we've added have the supports they need.

The new stenography teaching clinic — and I was there not long ago — operated by Island Health on the Camosun Interurban campus is now operational. It's the first of its kind in Canada, offering students greater opportunities for clinical experience throughout their program while also increasing ultrasound services in the south Island region. Just to put it in context, on sonographers alone, a 21.5 percent growth in the workforce over the last four years.

We also have a new direct-entry MRI technologist training program at BCIT that will ensure a steadier supply of graduates — that's important — and a bursary program for MRI technologists. When you have ambitious goals, and you're No. 1 in the country in terms of MRIs, wait times and the focus on those who are waiting the longest has had a profound effect, you need a lot of MRI technologists, and that's taking and a bursary program for MRI technologists. When you have ambitious goals, and you're No. 1 in the country in terms of MRIs, wait times and the focus on those who are waiting the longest that's had a profound effect, you need a lot of MRI technologists, and that's taking place.

There are also new bursary programs, peer support, strengthening clinical practice leaders in attracting more internationally trained allied health professionals, which is equally important to the work that we've spoken of before, for nurses and for doctors. I talked about the net new CT scans, and all of this is in response of it.

As well, there are increased fee items for the community imaging clinic, which is an issue for the Radiological Society. And we are of course open to continuing the process together. They've raised those significant HHR questions, and we responded to their suggestions, in many cases, to advance those programs.

Of course, the great work we're doing together reflects the great work by both the members of the society and all those working in diagnosis of all kinds in the province. It is not without challenges, and especially when you're increasing the number of exams as we have across the system. That's good news for patients, but really challenging at times. And one of the main ways we've done that, of course, is to go 24-7 at many locations, and that requires staff. That's why so much a part of this plan was the training of staff member.

S. Bond: I think I missed the part where we get the numbers of vacancies. I understand, and I carefully review the additions that have been made and look at equipment. What we need are people. And when I look at the numbers over the last two years, I understand that workforce shortages in diagnostic services…. Vacancies are in excess of 10 percent for ultrasonographers, general and cardiac.
I'm wondering. Does the minister, the ministry, have specific numbers by health authority, by region, by professional designation, of vacancies?

Hon. A. Dix: If it works for the hon. member, I'll provide that information for her. We have some percentage information, but that's not the number of vacancies. So rather than waiting for that, maybe we can continue. Unless the member wants to wait for those answers.

S. Bond: No. I appreciate the offer of the information. We will move on, and I will take a look at that number. My subsequent questions aren't reliant on getting the information right this minute.
I'm wondering. One of the things that was raised by radiologists…. And again, I know we've discussed this when it comes to the overall challenges we're facing in health care and health care professionals, labour shortages is the issue of retention. And I think it's absolutely essential that we focus on retention.

I'm wondering if there is funding in the budget under the health human resources strategy provided for the retention of technologists specifically.

Hon. A. Dix: We discussed this Tuesday. I think it was Tuesday. It was before today. So what we've taken is a community-focused approach. So where we're seeing often the greatest pressure, as a percentage — not an absolute number, but a percentage — is in the Northern Health Authority. And all of those things that we discussed at some length, and I won't repeat, are for all professionals in that area.

Say it's the northeast. Or say it's Fort St. John. It's not just nurses. It's also allied health professionals that have access to those in the Northern Health Authority — and all of those things that we discussed at some length and I won't repeat — are for all professionals in that area. Say it's the northeast, or say it's Fort St. John, it's not just nurses, it's also allied health professionals that have access to those, what we call, retention supports. All of the measures we've talked about in Northern Health to advance our workforce there. The reason for that is we want to focus on areas of high vacancy as well. We've obviously got to train everywhere, and we're increasing the demand on the workforce everywhere and the numbers in the workforce, but we need to train.

Part of the focus of that has been on the North — we mentioned Grand Forks before. In the case of that facility, it's across workforce there. Equally, in Northern Vancouver Island, as well, in the Mount Waddington Health District: same as there. The focus of those cases is not on specific professions, but on all categories of workers. It's community-focused as opposed to profession-focused in those in those cases.

S. Bond: We continue to hear about the shortage of especially med. lab techs and others. And we know that it is absolutely essential that we sort this out because when we stop and think about the critical role that these professionals play in the health care system more broadly.... It's been noted that diagnostic and pharmaceutical care drive more than 60 percent of all medical decisions, and they are key to early detection, diagnosis and treatment. When we see shortages.... When we look at the numbers from 2016 to 2021, for example, vacancies for med. technologists and technicians, who play a critical role, has increased by 109 percent. If we're going to actually treat British Columbians' health care needs in a timely way, we need to solve this issue.
It is a matter of looking at a variety of responses, as I've said to the minister frequently. Retention matters. We obviously have to also train and look at expediting the credentialing process as well.
I'm wondering if the minister is aware, and being thoughtful about the potential to create inequity between health authorities and community imaging clinics. It is really important that we don't incent

one group of people who work, for example, for a health authority, at the expense of community health clinics, because we will then end up simply drawing professionals from one group to another. That doesn't solve the problem.

Has the minister spent time, as.... The letter from the B.C. Radiological Society pointed out that we need to be careful. I quote from that letter: "Care must be taken not to create preferential incentives for technologists to join health authorities versus community imaging clinics, or vice versa, where one gains at the expense of the other."

Is that being taken into consideration when we look.... I understand the minister is talking about geographic incentives, but we also need to look at a more microlevel that looks at where are people coming from and how are those incentives impacting both community health clinics and also the health authorities.

Hon. A. Dix: First of all, a key part.... There's really four components of the health human resources strategy, and the training one is the key component.

When you add training spaces.... And this can be a challenge at times. We have been, in many paramedic positions — we were just talking about that — outbid, sometimes, by the natural resource industries, or others who need paramedics and will pay almost and the training one is a key component. When you add training spaces…. This can be a challenge at times.

We have been, in many paramedic positions — we were just talking about that — outbid in some ways by, sometimes, the natural resource industries or others who need paramedics and will pay almost any price. We have, of course, changed the way we remunerate our paramedics, and that's important. There is that element.

We are increasing paramedic training spaces. All of those paramedics, of course, have the opportunity, just as we're doing increasing training spaces across the diagnostic professions and occupations. So all of that work is going on.

On MRIs and, I believe, CTs, there are no private contracts. So the public system is the public system. This is an interesting discussion. There was a report by a group that claimed that we were doing more private diagnostic care. We weren't doing it at all. What we were doing is more public care.

But what was happening is the radiologists are paid by fee-for-service, so we were paying for 134,000 more exams. And those were going to those through fee-for-service to those groups of radiologists. The group doing the report mistakenly thought that was private care. It's absolutely not. It's absolutely inaccurate, but it occasionally gets repeated. So I thought I'd mention that. That's a small tangent. I won't have too many more.

Finally, just in response to the previous question, there's an element I missed. We do have some collaboration on recruitment and retention strategies with the Health Sciences Association — an agreement I can absolutely talked about, as it passed — for increased premiums on occasions for difficult-to-fill positions.

A lot of that, though, is still geographically focused, of course, for obvious reasons. I mean, the difference in vacancy rates as between Vancouver Coastal and Northern Health is significant even though there are lots of challenges in Vancouver Coastal, including the cost of living and so on. But the real challenge is there, and that's why those premiums are provided there.

S. Bond: I want to ask a question specifically about wait times. I want to, first of all, begin by better understanding what data is collected and how it is captured. I understand that the government does have access to wait times for diagnostic imaging for priority 1 through 5 examinations. What I want to know specifically is, is the data correlated across health authorities, and will the minister provide us with that data?

I guess the root of that question, the reason I want to ask it, is that…. Certainly, what we hear is that — what we've been told, in fact — wait times are reported to be variable in various…. The minister has referenced Northern Health. In fact, we've referenced Northern Health a lot during these estimates knowing the geography and the unique dispersion of services, all of those things.

But I guess my concern is where you live in British Columbia shouldn't determine either the quality or the timeliness of your care. Maybe I'm used to saying that because of where I live. It seems like we're always having to make that argument. But I'm wondering, from a data collection perspective, is it correlated across health ministries? And I'm looking particularly at priority 1 through 5 ranked examinations. Would the minister be prepared to share that?

Hon. A. Dix: Yes and yes.

S. Bond: I have to note that that was the first time I actually didn't make it into my seat, and that is progress on the minister's part. So thank you for that.
Very, very concerned about hearing very recently that the wait times for diagnostic breast imaging and biopsies, specifically in the Lower Mainland but in health authorities more broadly, may be as high as nine months. Can the minister assure me that it isn't nine months, or at least, if it is nine months, what on earth are we doing to bring those wait times down?

Hon. A. Dix: To go through, first, some of the wait-time data, perhaps, and then to talk about some of the measures, we are taking steps to increase the number of breast biopsies through a number of means.

Just in general on the wait-time data, we have two health authorities that I have here in front of me — and we'll get the rest of the member. IHA and VIHA report wait times of between one and four weeks,

depending on the site. It's one to four weeks, not nine months. For those, we have significantly increased the number of exams in that process. That's roughly what that wait time is.

We also have taken action on the issue of breast biopsies. That's critically important when that circumstance comes about in B.C. At the Vancouver cancer centre — this is since the earlier part of this year, and these are all in place now, these measures: 35 additional biopsies, by booking evenings and weekends.

At Lions Gate hospital, Lions Gate has started performing stereotactic breast biopsies. That will result in an additional 200 per year. At B.C. Women's, additional radiology resources were added to the site, increasing capacity.

For the longer term, up to three additional radiology fellowships have been made available through BC Cancer and B.C. Women's, because we need to take steps now, which the first three were about, and we need to continue to take steps to make sure that we have the staff and the people available to provide the care that we need to provide.

S. Bond: It's a very critical issue, and I look forward to seeing the data on wait times from other health authorities.
The latest data that I have is that one in eight women in British Columbia will be diagnosed with breast cancer in their lifetime. In the view of many, the concern we've heard is that there just is a sense that not enough is being done to make sure that women are getting screening mammograms at recommended intervals.

One of the things I want to raise is the issue of more urgent imaging due to higher risk or suspected abnormalities. One would think…. I know that several months ago, when I was meeting about that issue, the waits at that time were over 2½ months, over three months for biopsies and over a year for dense breast screening ultrasound.

I understand what the minister is saying — that we need more — and we certainly do. That is a significant concern. I would very much look forward to also having a better understanding of what the wait times are, particularly for complicated situations and also for women who are at higher risk.

One of the suggestions, I know…. I was trying to recall. It was B.C. Radiological that suggested that we need to be looking at specific codes for contrast-enhanced mammography, looking at complicated mammography and how billing is done, related to more complex situations.

Again, I want to make sure, when the minister provides me with the data, that there is consideration for the fact that there are higher-risk cases. There are circumstances related to urgent mammograms. Could the minister just speak to that issue? I know it was raised specifically with him in the letter from the B.C. Radiological Society. I'm wondering

there is consideration for the fact that there are higher-risk cases. There are circumstances related to urgent mammograms. So could the minister just speak to that issue? I know it was raised specifically with him in the letter from the B.C. Radiological Society. So I'm wondering what work has been done to address that issue.

Hon. A. Dix: I'll just talk about some of the work, because I think it touches on the issues raised by the member. First on screening, because people will know that about one-third of diagnoses for breast cancer come through the breast screening program, which is an exceptional…. Obviously, the screening program is both successful and could be more successful — around 260,000 screens a year, and that's about 50 percent of those eligible. So we can do better on that. Clearly, earlier diagnosis is better always.

Secondly, we have to increase participation in high-risk and underserved populations. In the cancer plan, we're introducing personalized screening invitations for established screening programs to focus in on areas. For example, if we find a community where there is very low uptake and low participation, we can make a specific effort there to raise that up. I think that's a significant and important thing to do.

On screening and mammography result notifications, 94 percent were sent within one week. That's recent data. That's from December of 2022. So those are some of the things, and what we're going to use and are using is the mobile mammography unit deployed to communities where there may be staffing shortages or need for other support to do that.

In terms of diagnosis, for abnormal mammography screens — and this is from 2021 — 90 percent were diagnosed within 8.3 weeks without tissue biopsy. So those are some of the numbers. I'll be providing the member with more information on this later on.
I want to just speak a little bit…. As you know, we became the first province, in 2018, to provide breast density scores to patients and their primary care providers following a screening mammography — in October, 2018. This was an exceptional effort that was supported by members on all sides of the House. I remember the current member for Burnaby North, the previous member for Richmond East, I'm thinking. She was the one that was the Speaker, at any rate, and I think she changed ridings a couple of times, but that's what she was — and others who advocated for that.

That's a very important measure that I think has given more information to women across B.C. and obviously significant as part of all of the research we're doing. We need to invest more in research as well, but we also need to increase our capacity in cancer everywhere.
It is not acceptable to me when diagnosis within recommended wait times is in question and that we just continue to do that. I will seek out every measure we can take to ensure that we deal with that at every level, whether that level is the need to continue our work to bring more ultrasound techs, to radiation technologists, to everyone else. We have to respond, and there will be no stone left unturned in doing that. We will use conventional and unconventional means to make sure that we address the situation. We're seeing more diagnosis of cancer right now, and we have to respond to that with our will. It's not good enough. A lot of the changes we have in mind will continue to make things better in six months, in

a year and in a year and a half. But if you have a diagnosis now, we need to get you care now, and I will not hesitate to use any means necessary to reduce those wait times at every part of the cancer journey.

We've got huge work to do over time, but we've got work to do now, and like I say, there is nothing that I would not consider to make sure we address issues of wait times for people living with cancer and people seeking a diagnosis.

S. Bond: I appreciate hearing the minister's passion about that. As he knows, when I asked the questions over the last few days about Wait One, waiting to get your oncologist…. That is terrifying for people. I left the briefing that I had feeling incredibly distressed. That's the only way I can describe it. I listened to the professionals who One, waiting to get to your oncologist…. That is terrifying for people. I left the briefing that I had feeling incredibly distressed. That's the only way I can describe it, because I listened to the professionals who are, and I will continue to say it to the minister, experiencing moral distress.

They want to do better, but can't. Imagine feeling that, knowing you have a patient in a vulnerable situation, and the wait, Wait One, to get to your oncologist is growing. I'm going to get to cancer care shortly. First of all, when you stop and think about organizations like the B.C. Radiological Society, I'm sure they didn't think they'd be spending their time writing advocacy letters to the minister. They want to do their jobs, and here they find themselves making the case for more technicians and making sure we have the kinds of incentives that bring people to the profession and, most importantly, keep the ones we have now.

I want to pursue with the minister…. He made comments about the public system. I know the minister knows that there are community imaging clinics and those clinics provide — they obviously are privately owned — publicly funded services. It is part of the public system, but overhead costs are a significant issue. One of the things raised by the Radiological Society — and this was as far back as October, I think if I recall — was the fact that those CICs are really concerned about their ability to continue to offer services. Heaven help us if that becomes an issue.

Can the minister speak to the question of overhead support? We've looked at that in terms of family practice and what we need to do to alleviate some of the stress when you're a family practice in longitudinal care. Has there been any consideration given to the request from the Radiological Society about emergency overhead support?

Hon. A. Dix: I was referring to earlier to MRI and CT, of course, and there are other services provided. The radiologists…. There is a business cost premium that is part of our recent agreement that applies to them for their public work. That applies there as it applies to everyone else. Whether that meets their request, we're meeting regularly with them. There are some private MRI facilities in B.C. Obviously, they're not going to receive, since they don't provide any public work in that case, such a premium, The radiologists, themselves, in their public work, in their reading of the exams — there's no point taking the exams if they are not read, and there's been a massive increase in work for that group of health professionals — would be getting supports through the contract with the doctors of B.C.

S. Bond: I want to ask one further question with regards to this. As I said to the minister earlier, we know how absolutely essential diagnostics and pharmaceutical care is when you're looking at early detection, making sure that we have a diagnosis as soon as possible. The commentary, about the status of that situation, has been very dire. I appreciate the minister's always optimistic outlook. But we also have to recognize the fact that for people who are waiting, it is excruciating. For professionals who cannot provide care in a timely way, it is excruciating. I think we need to regularly acknowledge that, in addition to the list of things that have been done, there is more to be done. We have certainly heard those concerns.

I wanted to ask about medical imaging equipment because we know that…. Again, another issue raised directly with the minister. Is there a mechanism where the ministry looks at the percentage the list of things that have been done. There is more to be done. We've certainly heard those concerns.

I wanted to ask about medical imaging equipment. Again, another issue raised directly with the minister. Is there a mechanism where the ministry looks at the percentage of medical imaging equipment in each health authority that is beyond replacement guidelines? Has the ministry done a full evaluation of medical equipment, across health authorities, to determine what the gaps are and what the replacement requirements would be?

Hon. A. Dix: That is very much part of the planning process. The member is quite right.
Just to give a sense of why it has changed as well…. MRI scanners, in 2022, operated 4,542 hours per week. That's 1,777 more hours than they did in 2017.

We did two things. We significantly increased the number of MRIs. Obviously, the new MRIs are new. So that's good. In addition to that, we dramatically increased the usage of MRIs and CT scanners. That will have the effect, over time, if we…. We know that when we use things more, we're using up their life, the active life of the machine. We need to do more.

An example of that is what we're doing in Kelowna, where our existing MRIs are 20 years old. They're being replaced, but they're being replaced by a higher level of MRI, the 3T MRI. We just recently announced that project with the Kelowna General Hospital Foundation. Obviously, it's an important thing.

We are using our MRIs dramatically more. It's particularly true in the Northern Health Authority. I don't think there was a health authority in Canada that had fewer MRIs per population done when I became Minister of Health. I just felt that was not on. It was not on to just build out MRIs in other areas.
We've more than doubled that rate per 1,000 population. We were at 22 per 1,000 population in 2017. I think we're at 46 now or something like that. That makes a huge difference for people. It means they can access that care in the community.

What was happening in the North, without those public MRIs and even without private MRIs, which existed in bigger markets, was…. People were doing, obviously, workarounds without diagnostics, and it was affecting the diagnosis of people.
We expanded this program and added the net increase in MRIs, from 25 to 42 in five years — the new ones are, obviously, new — and the increase in six CT scanners. A lot of that was focused on regions. There are new MRIs in Fort St. John and in Terrace, for example, in the Northern Health Authority. I think previously the only MRI was at University Hospital in Prince George.

S. Bond: Thank you to the minister.

The information that I would appreciate him sharing, should they have it, is the metrics that are used and the measurement regarding replacement. We've heard concerns…. The minister has articulated new. What I'm concerned about is old and the fact that we have, apparently, medical imaging equipment that is beyond or soon reaching its lifespan. I would like to be reassured that the ministry has a plan, has an inventory and can move to manage those needs.
At this point. I'd like to give my colleague and friend the leader of the Green Party the opportunity to take the next hour with the minister.