

## Canadian Association of Gastroenterology



www.cag-acg.org

*The press release below has been created in response to the recent approach by the Ontario government regarding procedure fees. This will be released to the media later this morning and we wanted to share it with the CAG membership in advance.*

### **New data concludes wait times for patients with gastrointestinal disease are increasing across Canada**

*CAG joins Ontario counterpart with concerns of government's decision to cut medical professional fees*

MAY 17 – OAKVILLE, ONTARIO – The Canadian Association of Gastroenterology (CAG) today joined the [Ontario Association of Gastroenterology](#) (OAG) in voicing their objection to the Government of Ontario's May 7, 2012 decision to overhaul the fee structure for approximately 40 medical procedures and services that Ontario doctors provide. Colonoscopies are among the medical tests for which professional fees face a cut of 10%.

Pointing to new initial data gathered in April 2012 from the Canadian Association of Gastroenterology Survey of Access to GastroEnterology (SAGE), Desmond Leddin, Lead of the SAGE, says "a comparison of data from surveys performed in 2005 and 2008 shows that wait times for patients with gastrointestinal disease have increased across Canada".

"This CAG national survey information combined with the new fee structure in Ontario gives us cause for concern about patient safety," says CAG President Dan Sadowski.

"With evidence in hand that patient wait times have been increasing over the past seven years, we can't support any government decision – in Ontario or elsewhere in Canada – that results in reduced access to, or longer wait times for, important medical procedures including colonoscopy which can prevent and reduce cancer rates."

About 20,000 Canadians are diagnosed with colon cancer every year. Of that number, one-third will die of the disease. Notwithstanding these statistics, the CAG and OAG agree that cancer screening is a success story in Canada, and that prevention and early detection by access to colonoscopy is key to reducing the burden of the disease. The proof rests in the release of statistics on May 9 by the [Canadian Cancer Society](#) on the decline in deaths from colorectal cancer due to increased screening.

"We have made important gains to reduce national rates of colorectal cancer through colonoscopy screening programs," says Dan Sadowski. "We are concerned that the Ontario government's decision to cut professional fees will have two bad outcomes. The first is that long patient wait times may become longer due to a drop in access to cancer screening procedures. The second is that it may open the door to similar policy decisions in other regions in Canada. In both cases, it is the patient who will bear the brunt of these decisions."

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### **About the Canadian Association of Gastroenterology**

The Canadian Association of Gastroenterology (CAG) was founded in 1962. Its mandate is to support and engage in the study of the organs of the digestive tract in health and disease; promote the advancement of the science and art of gastroenterology by providing leadership in patient care, research, teaching and continuing professional development; and promote and maintain the highest ethical standards. The CAG has more than 1,100 members including gastroenterologists, surgeons, pediatricians, basic scientists and nurses. Visit the Canadian Association of Gastroenterology website for general information and for a full list of the association's quality and education programs.

### **For more information, please contact:**

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