

THE CASE FOR QUEUE JUMPING

“What I am about to present is an idea that I have hesitantly sat upon for the past eight months. Colleagues have noted that the idea has merit, but suggested that I might need a flak jacket if I ever proposed it publicly. Well, the time has come.”

*- Dr. Floyd Maybaum,
originally to the Calgary Herald,
2010*

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**1697 Brunswick Street, Second Floor
Halifax, Nova Scotia
B3J 2G3**



**Atlantic Institute for Market Studies
1697 Brunswick Street, Second Floor
Halifax, Nova Scotia
B3J 2G3**

Phone: (902) 429-1143

Fax: (902) 425-1393

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Healthcare is expensive...

**Let's use that to our
ADVANTAGE!**



Between demography and technology the demand for new health services is almost insatiable. Lots of people are working on ways to lower health costs. Instead, AIMS is wondering: what about increasing health revenues?

What might a business do when faced with unavoidably higher costs?

DIVERSIFY REVENUES!

WHY THE ROBIN HOOD PRINCIPLE MAKES SENSE FOR PUBLIC HEALTHCARE



“Perhaps we could let anybody in our current system jump to the front of the line for hip surgery, cataract surgery, or whatever else might present with a wait list. I say this with one major caveat—line jumpers would have to pay perhaps five times the actual cost of the intervention.

For example, if the total cost of the health-care system (i.e. the taxpayer) for one cataract surgery is \$2,000, then jumping to the front of the line would cost that individual perhaps \$10,000.

When a jumper pays five times the cost for cataract surgery, all derived profits would be retained within the cataract system to pay for four other people waiting in the queue.”

-Dr. Floyd Maybaum

THE PROFIT OPPORTUNITIES IN HEALTH CARE ABOUND

IN PHARMECEUTICALS

More jobs, more life science research, more prosperity for Canada: Rx&D urges Canada to complete Comprehensive Economic and Trade Agreement (CETA) agreement with the EU

- Rx&D commentary on CETA negotiations.

IN HEALTH TOURISM

With this growth comes increased opportunities for medical tourism in Canada—both for Canadians seeking care abroad, and for establishing Canada as a medical tourism destination—setting the stage for a renewed focus for Canadian governments, providers and consumers of medical tourism.

- Deloitte, *Medical Tourism in Canada*, 2011

IN RESEARCH & COMMERCIALIZATION

The combination of world-class research and direct provision of care is what marks the facilities included on the honour roll of best overall hospitals according to a U.S. News and World Report. Capital Health and Dalhousie Surgery attracted over 30% of the total unit funding (approximately \$8 million) from private equity investments in surgical research and activities between 2005—2009.

- Dalhousie Surgery, 2012

AIMS IS RESEARCHING, DISCUSSING, AND INFORMING YOU ABOUT ALL OUR OPTIONS TO FUND AND DELIVER HEALTH CARE — YOU MIGHT BE SURPRISED HOW DIVERSE PUBLIC HEALTH CARE CAN BE — AND HOW AFFORDABLE!

A THIRD OPTION FOR THE HEALTH CARE DEBATE: Community-controlled organizations are a way to enhance our health system and benefit all Canadians

THE EFFECTIVENESS OF THE COMMON DRUG REVIEW IN CANADA’S NATIONAL DRUG STRATEGY: Considering how to improve the drug approval process in Canada to save costs and enhance access

SPENDING ON PUBLIC HEALTH PROGRAMS: Looks at the economic impacts of public health spending, showing that health care is boon both as a good, and as an industry

SELLING OURSELVES ON SELF-INTEREST: The free trade negotiations with Europe offer not only better access to new markets abroad but improvements to our own antiquated policies at home, including policies that keep drug research investments offshore, and deprive our communities of high-paying jobs and spin-off economic activity

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