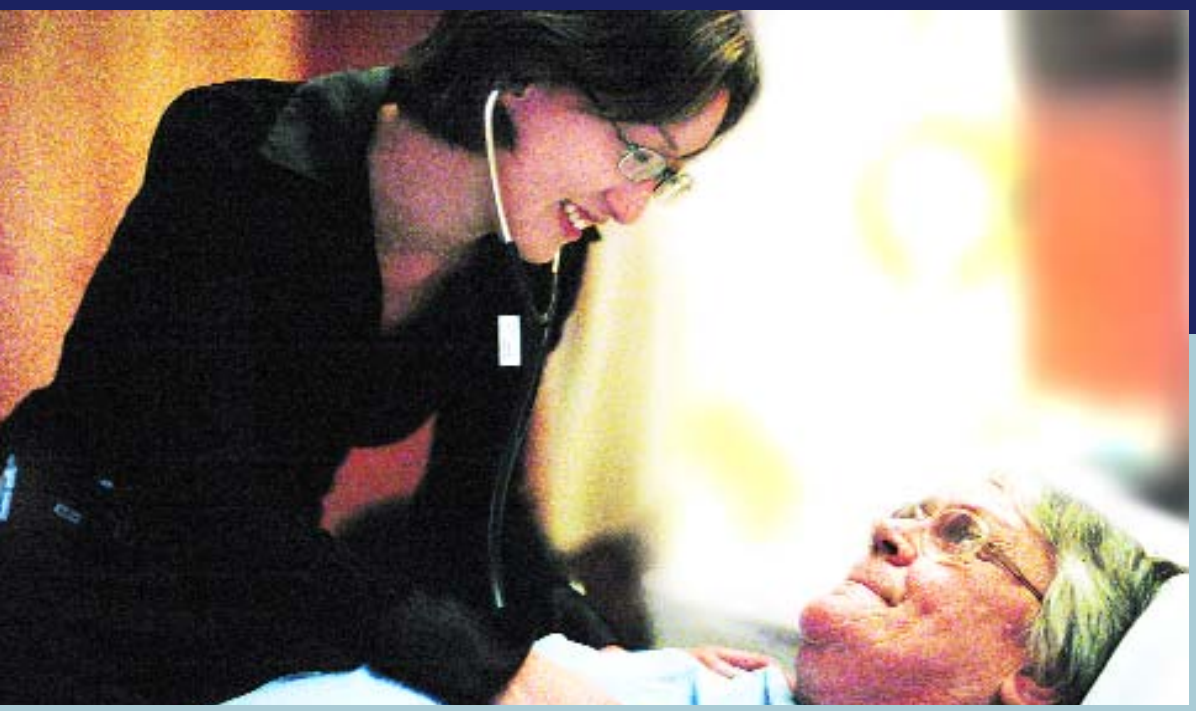
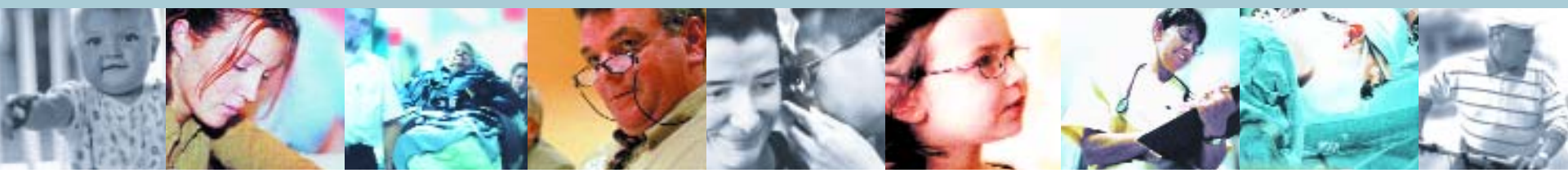


Health and
Social Services Plan

Making the Right Choices



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Direction des communications
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Our actions are designed to preserve our public health and social services system, so that future generations can also benefit from it

Hirut Eyob with daughter Misham at reception, CLSC Côte-des-Neiges

Making the Right Choices

As a society, we have to take steps to ensure that our public health and social services system reflects our values and has adequate resources to respond to the needs of the population

François Legault

Minister of Health and Social Services

"We will not let people's ability to pay hamper their access to health and social services. Our healthcare system is public and accessible to all, reflecting the fairness and solidarity of Quebecers.

We must continue investing in health and social services, but in a different way. This plan offers a global vision of how our services should be delivered: it will help us make the right choices."

Roger Bertrand

Minister for Health, Social Services, Youth Protection and Prevention

"This plan responds to the prime concerns of Quebecers as regards their health system: fast access to health and social services, close to home. It also provides individual and community tools for prevention, to manage health issues more effectively before problems take root. That is the purpose of the preventive focus proposed by the Government of Québec."

This plan is part of the ***Horizon 2005*** government action plan.

Contents

Benefits Targeted for the Public

Our actions in the coming months and years are designed to provide the public with efficient, ongoing, high-quality services. The other goal of these measures is to preserve our public health and social services system.

These are the 10 main results we want to guarantee for the public.

1. **Appropriate care and services for all, regardless of income**
2. **Universal access to a family doctor**
3. **More comprehensive services at all CLSCs in Québec**
4. **Home-care services for frail people**
5. **Additional residential places, and improved services at residential and extended care centres (CHSLDs)**
6. **Emergency rooms open 24 hours a day, seven days a week**
7. **Shorter waiting times in emergency rooms**
8. **Shorter waiting lists for specialized services**
9. **Treatment, rehabilitation and support services close to home**
10. **A focus on prevention, to ensure people make the healthiest choices**

To achieve these 10 results, we propose a series of changes based mainly on the analyses and recommendations of the *Commission d'étude sur les services de santé et les services sociaux (Clair Commission, 2000)*. We need to work together to address three priority challenges:

1. **Change the way services are organized, so that people can access them rapidly and easily**
2. **Change the way the health and social services network is managed**
3. **Secure the future of the public health and social services system with stable and adequate funding**

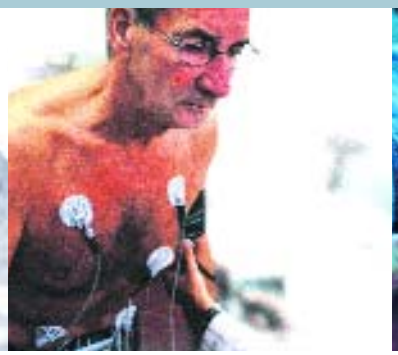
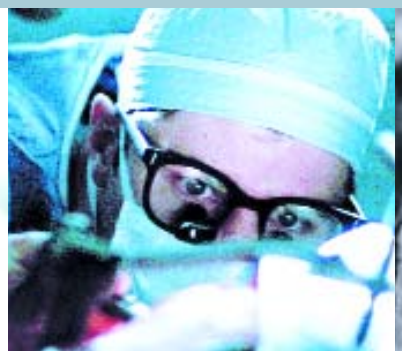
These changes are not feasible unless we can rely on the cooperation, involvement and partnership of managers, physicians, nurses and other healthcare professionals, professional bodies, unions, and all other groups in the health and social services field. For the success of this plan, their support is paramount.

People need faster, easier access to basic health and social services, close to home

Dr. Agathe Blanchette, Palliative Care Consultant, Centre hospitalier universitaire de Sherbrooke (CHUS), Pavillon Fleurimont

1st Challenge

Change the way services are organized, so that people can access them rapidly and easily

Our health and social services network offers high-quality services. A survey carried out in Summer 2002 found that 95% of the people who had been treated in hospital were satisfied with the services they received.

However, although the public is satisfied, problems still persist. The wait for basic and specialized services is often long, as is the waiting time in some emergency rooms.

Home care and services are not as readily available as they should be, and we are not putting enough emphasis on preventing illness or social problems.

The problems in our system stem not so much from the quality of services as from the way they are organized; this is what we intend to rethink. Rather than piecemeal remedies, we suggest a global solution that will solve all the problems.

The idea is to inverse the existing pyramid of service delivery. In other words, we will be devoting a lot more resources to the front line, namely local neighbourhood services, so that people will not need to go to the hospital, especially the emergency room, nearly as frequently.

Change the way services are organized
so that people can access them rapidly and easily

Just as universities cannot be the first rung in the education system, hospitals should not be the main gateway to the health and social services system

Paramount among all our priorities are emergency rooms. All our actions to reorganize services will have an immediate positive impact on emergency rooms. In Québec, hospitals have traditionally been at the core of our health and social services network, and people still resort to the emergency room with problems that could be better dealt with elsewhere.

Just as universities are not the first rung in the education system, hospitals should not be the main gateway to the health and social services system. A hospital is primarily a place where specialists diagnose acute illnesses or complex problems and treat patients for a short time, using extensive technical facilities.

Nursing staff, CHSLD Saint-Laurent

The emergency room should be a public safety net, not a substitute for the basic health and social services that people should be able to access rapidly and easily, close to home.

The current service organization model centred around emergency rooms does not serve the public well; it no longer corresponds to people's needs and is very expensive. We must therefore modify it.

To make the necessary changes in the way services are organized, we will concentrate on four priorities:

1.1 Offering people front-line services close to home

1.2 Offering seniors home care, and services at residential centres

1.3 Focusing on prevention

1.4 Shortening waiting times for specialized medical and hospital services

PRIORITY 1

1.1 Offering people front-line services close to home

Basic health and social services — the first level of access to the system — are the ones people use most often. They consist mainly of nursing care, general medical services, psychological or social support services, rehabilitation, home care and services, and the Info-Santé hotline. This is the level at which 80% of problems are resolved. Accordingly, these services should be available as close to home as possible.

At present, the range of services varies from territory to territory across Québec; people are not sufficiently aware of service locations, and opening hours are not standardized. Many people do not have a family doctor. Because of the lack of close links between clinics and local community service centres (CLSCs), neither facility offers its clients comprehensive services. Moreover, people with both medical and social problems find it hard to obtain the appropriate services when and where they need them.

We also have trouble taking care of people in their communities and providing them with the right kind of continuing care for the most common social and health problems.

To correct this situation, we need to:

1.1.1 Set up 300 family medicine groups (FMGs) all over Québec. Under this model, people who are registered have access to services 24 hours a day, 7 days a week, and their state of health is followed.

By 2005, every family in Québec will have access to a FMG. About one hundred FMGs will be created in the next year, of which 20 are already starting up. FMGs will become the true gateway to the health and social services system.

Each group will be made up of a dozen physicians and CLSC nurses working with other health and social services professionals to address and follow the health of patients registered voluntarily with the group. FMGs and CLSCs will be responsible for serving the territory's population. It will be their job to ensure straightforward, rapid access to services and, if necessary, refer people to specialized and/or home-care services, as well as coordinate all these services.

Priority 1: Offering people front-line services close to home

Measure	Funding required (in millions of dollars)
1. Set up 300 family medicine groups (FMGs)	160.0
2. Offer standardized, more comprehensive services at Québec's 147 CLSCs	
- Complete and standardize the general services offered at all CLSCs	177.0
- Consolidate Info-Santé and develop Info-Social	15.0
3. Give people with multiple or specific needs the services they need to remain in their homes	
- Ensure a follow-up team is on hand for people with chronic diseases	150.0
- Provide a comprehensive community-based support and rehabilitation program for intellectually disabled people and their families	40.0
- Provide a comprehensive support and rehabilitation program for physically disabled people	63.0
- Ensure a follow-up team is on hand for people with mental problems and for suicidal individuals	42.0
- Provide each CLSC with a team to assist youth facing complex problems, including youth in crisis situations	88.0
- Support rehabilitation services for troubled youth	27.5
- Develop a program of general and specialized services for people with pervasive developmental disorders, such as autism	40.0
- Add 1,000 more licensed spaces for alcohol and addiction rehabilitation	10.0
- Provide a comprehensive end-of-life care program by increasing access to case management services 24/7	30.0
TOTAL	**842.5**

1.1.2 Offer standardized, more comprehensive services at Québec's 147 CLSCs

All CLSCs will offer the same services. People will be able to go to their local CLSCs for nursing services and psychological or social support services for common problems; these services will be available for 80 hours a week. People will also have access to medical services provided in conjunction with the FMGs, as well as nutrition and rehabilitation services. The Info-Santé hotline will be improved, and we will develop a similar system for psychological and social problems (Info-Social).

1.1.3 Give people with multiple or specific needs the services they need to remain in their homes

To make life easier for vulnerable people or individuals who are incapacitated, have chronic problems or are experiencing family, social or financial difficulties (and to make things easier for their families), we plan to coordinate the services they receive more effectively. This will ensure that they obtain all the services they need, when they need them, close to home. Depending on each person's needs, service delivery will take different forms. For example, intensive follow-up teams, home-care services, additional rehabilitation for intellectually or physically challenged individuals or for troubled youth and their families will all become available.

By providing people with coordinated services closer to home, 80% of social or health problems can be resolved without resorting to the emergency room.

Our health and social services system must undergo substantial changes to respond to the growing needs of seniors

PRIORITY 2

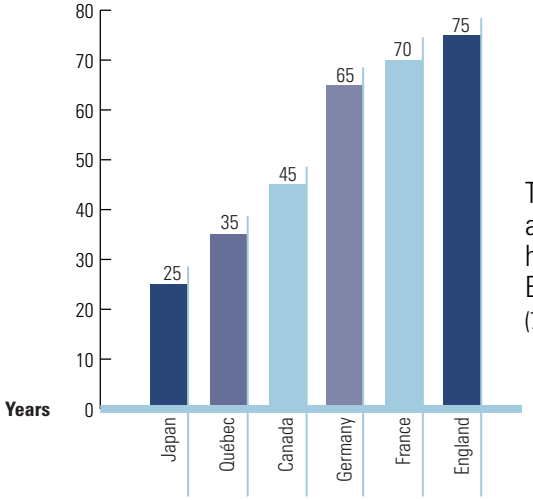
1.2 Offering seniors home care, and services at residential centres

In 2001, people aged 65 and over accounted for 13% of the Québec population. By 2041, they will represent 29% of the population. While most people over 65 are in good health, those who reach a very advanced age — the ones who use the most services — will be more numerous in the future; a major increase in services will therefore be required. Among the developed countries, only Japan has a population that will age faster than that of Québec. As the number of seniors increases, the demand for services will swell, and there will be changes in the type of health and social services that people require.

Our existing health and social services system — introduced in the early 70s when the population was younger — must undergo substantial changes to respond to the growing needs of seniors. At present, access to services is rarely straightforward, especially when people need to use a variety of services because they have multiple problems. There are insufficient home-care services available, even though seniors would prefer to stay in their own homes for as long as possible because that is where they fare best. Allowing people to remain in their own homes is also economically advantageous for both the individuals and the system. There are not enough services to cope with the illnesses associated with aging. Residential institutions are having trouble dealing with changing needs, especially as people now use their services later and later in life when living at home is no longer feasible due to severe incapacity.

Figure 1

Number of Years Until the 65-and-Over Age Group Goes from 12% to 24% (of the total population)



The population will age twice as fast here (35 years) as in European countries (70 years in France).

Priority 2: Offering seniors home care, and services at residential centres

We must therefore rethink all our care and service programs in such a way as to intervene sooner and provide frail seniors with continuous, complementary services that allow them to remain in their homes for as long as they feel able to do so. We also have to provide help and support for their families and loved ones. Maintaining frail seniors in their own homes is far easier when their families get involved. However, we must also provide these individuals with backup and assistance so that they do not become isolated and burnt out, and can continue to pursue their own family, social and professional lives.

To provide frail seniors with a range of services adapted to their needs, we must:

1.2.1 Offer more home-care services to frail seniors

To respond more effectively to the needs of seniors and their families, we must offer more home-care services and provide the same services at all CLSCs. Each region will offer evaluation and treatment for the illnesses and problems associated with aging, as well as specialized rehabilitation services for seniors. Frail seniors and their families will also be able to rely on someone from the network to coordinate all the services required, so that they no long have to "shop around" for these services throughout the network.

1.2.2 Improve services for people in residential care

To respond more effectively to the needs of people in residential care, we will upgrade the quality of the care and services provided at residential and extended care centres (CHSLDs) and create 2,200 additional places, to ensure better access to residential services in areas where needs are not currently being met.

Measure	Funding required (in millions of dollars)
1. Offer more home-care services to frail seniors	
- Expand home support services and offer the same services at all CLSCs	133.5
- Increase and coordinate the services offered in the community (e.g., day centres and hospitals, support for families, non-institutional accommodations)	171.0
2. Improve services for people in residential care and create 2,200 additional places	152.2
TOTAL	**456.7**

1.2.3 Ensure that extremely frail people living in private residential facilities receive the services they need

CLSC resources will have to provide on-site care for extremely frail people living in private residential facilities.

Thanks to home care, additional long-term care places and the support we offer frail seniors to ensure they receive all the services they need, these individuals will receive the care they require without resorting to the emergency room.

In some programs, every dollar invested in prevention saves up to seven dollars in healthcare treatments

PRIORITY 3

1.3 Focusing on prevention

The first thing that comes to mind when we think of prevention is: *"Prevention is better than cure."* This old saying makes a lot of sense, but when resources are limited, it is only natural to use them primarily for curing the sick. When we discuss how to allocate the financial resources available, the urgent need for curative services often quashes the argument in favour of preventive measures, all the more so because most of the benefits of prevention only materialize in the medium to long term. At the moment, we spend relatively little on preventing social and health problems.

In fact, we invest $265 million in prevention per year, but this only represents 2.3% of total spending on health and social services. Yet in some programs, every dollar invested in prevention saves up to seven dollars in healthcare treatments.

Moreover, there have been major advances in health care over the last 20 years, with the result that Quebecers are now living longer. Québec has one of the highest life expectancies in the world but is not without its health problems. Unhealthy lifestyles and behaviours are one example: many people are not active enough and are increasingly suffering from the problems associated with obesity. The number of suicides is also on the increase, especially among youth, as are cases of sexual abuse and family violence. While these problems are not unique to Québec, we need to combat them, most importantly to help the people involved, but also because these problems put enormous pressure on our health and social services system and drive up its costs.

We feel sure that the solution to these problems lies mainly in prevention: the specialists have been saying so for years. The government has already introduced many measures to this end, but much more needs to be done to make a real difference. Québec has to focus decisively on prevention and invest more resources in it: to this we are firmly committed.

We recently adopted the ***Programme national de santé publique 2003-2012***. This public health program is a flexible, comprehensive tool that will enable us to orient our public health actions over the next 10 years in terms of Québec-wide priorities as well as priorities for each region.

Priority 3: Focusing on prevention

Measure	Funding required (in millions of dollars)
1. Educate the public on how to stay healthy	73.0
2. Offer more preventive services within our system	118.0
- Help personnel (physicians, nurses, social workers, etc.) to provide preventive services to the people they serve or care for	
- Preventive actions for more vulnerable people, such as young families, battered women and troubled youths, and for their families	
- Interventions to counter suicide, alcoholism, drug abuse, HIV	
3. Support other sectors of activity for a more unified focus on prevention	50.0
- Partnerships for the promotion of physical activity, the fight against tobacco use, etc.	
TOTAL	**241.0**

In addition to developing this program and in order to focus more on prevention, we must:

1.3.1 Educate the public on how to stay healthy

We will send information that is easy to read and understand to homes throughout Québec. This information will help people take the necessary precautions against social or health problems and explain what they should do as soon as symptoms appear.

We will also create a website with information to help the public make informed decisions and use the services offered in the most effective way possible.

Finally, we will issue frequent updates on the general health of the population, and on the factors that contribute to the most common social and health problems.

1.3.2 Offer more preventive services in our public health and social services system

We will help health and social services personnel (physicians, nurses, social workers, etc.) to include preventive measures in their daily work routines. To do this, we will offer them the training and information they need to provide preventive services to the people they serve or care for. We will also create family medicine groups (FMGs), which will follow the state of health of registered patients in order to improve preventive clinical practices.

In cooperation with community organizations, CLSCs throughout Québec will lead the task of bringing preventive measures to the general public, as well as to specific and more vulnerable individuals, such as young families, battered women and troubled youths. Underprivileged areas will be targeted in particular.

1.3.3 Support other sectors of activity for a more unified focus on prevention

Through partnerships, we hope to support school boards, daycare centres, the workforce, community groups, municipalities and other sectors of the community in promoting and implementing specific preventive measures (e.g., physical activity, good nutrition and the fight against tobacco use) that will help to lessen social and health problems.

Finally, we will also advise the government of the impact its policies have on the health and welfare of Quebecers.

Because people will have made the right preventive choices for their health, and because they will be better informed and equipped to avoid minor health problems or take immediate action when these do appear, members of the public will therefore need to resort to the emergency room less frequently.

Emergency cases will always take priority, whether they are on a waiting list or not

PRIORITY 4

1.4 Shortening waiting times for specialized medical and hospital services

Anyone in Québec who requires emergency care will be given priority. Over the last few years, we have significantly increased the number of specialized interventions. Despite all our efforts, however, we are still unable to meet the demand, mainly because our population is aging. People sometimes have to wait too long for heart, knee, hip or cataract surgery.

Because waiting times are too long, patients are often rushed to emergency rooms due to complications. To reduce waiting times for specialized medical and hospital services, we must make the following measures our top priority:

1.4.1 Respect the waiting times recommended by physicians for specialized medical services

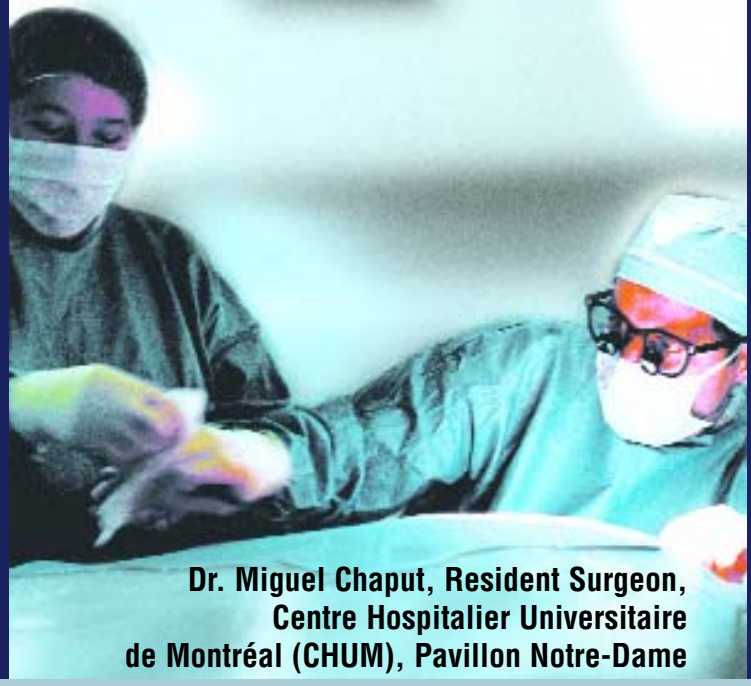
Emergency cases will always take priority, whether they are on a waiting list or not. We are also aiming for all cases to be treated within the maximum waiting times recommended by physicians (Figure 2). We will guarantee access to specialized services to the entire Québec population, and will cover certain transportation and accommodation costs for those who require services outside their area of residence. We will bring dialysis services closer to the homes of patients who need these services because their disease affects kidney function. We will provide people residing in remote areas with telehealth services, thereby giving them access to certain long-distance specialized medical services.

Figure 2

Maximum Waiting Times Projected for Specialized Services

Service	Maximum waiting time
Interventional hemodynamics (cardiac blood circulation tests)	1 month
Oncological surgery (surgical cancer treatments)	1 month
Cardiac surgery	3 months
Electrophysiology (diagnostic and treatment of heartbeat irregularities)	3 months
Radiation oncology (cancer radiation therapy treatments)	3 months
Orthopedics (hip or knee replacements)	3 months
Cataract surgery	6 months

All the changes proposed will have an immediate and positive impact on emergency room waiting times



Dr. Miguel Chaput, Resident Surgeon, Centre Hospitalier Universitaire de Montréal (CHUM), Pavillon Notre-Dame

1.4.2 Reduce emergency room waiting times

All the changes proposed above (family medicine groups, home-care services, prevention, reduced waiting times for specialized services, etc.) will have an immediate and positive impact on emergency room waiting times.

We will also improve how emergency rooms are operated by giving regional boards the responsibility of implementing an action plan at each hospital with emergency services. This will reduce hospital stays and consequently improve the condition of emergency room patients. Each hospital must apply the ***Guide de gestion de l'unité d'urgence*** (emergency services management guide). We will also restructure teams to make them more efficient, and reorganize emergency rooms, as needed, to make them more functional. These two measures are sure to avoid overcrowding and improve the quality of life at work for emergency room personnel.

Because they will be treated faster, people waiting for specialized services will make fewer visits to emergency rooms.

Priority 4: Shortening waiting times for specialized medical and hospital services

Measure	Funding required (in millions of dollars)
1. Respect the maximum waiting times for specialized services	162.0 [1]
2. Provide greater access to specialized services for people residing in certain regions by covering certain transportation and accommodation costs	9.0
3. Carry out the national action plan for emergency rooms	25.0
4. Improve the organization of ambulance and other services that intervene before patients arrive at emergency rooms	38.0
TOTAL	**234.0**

1. Non-recurring amount

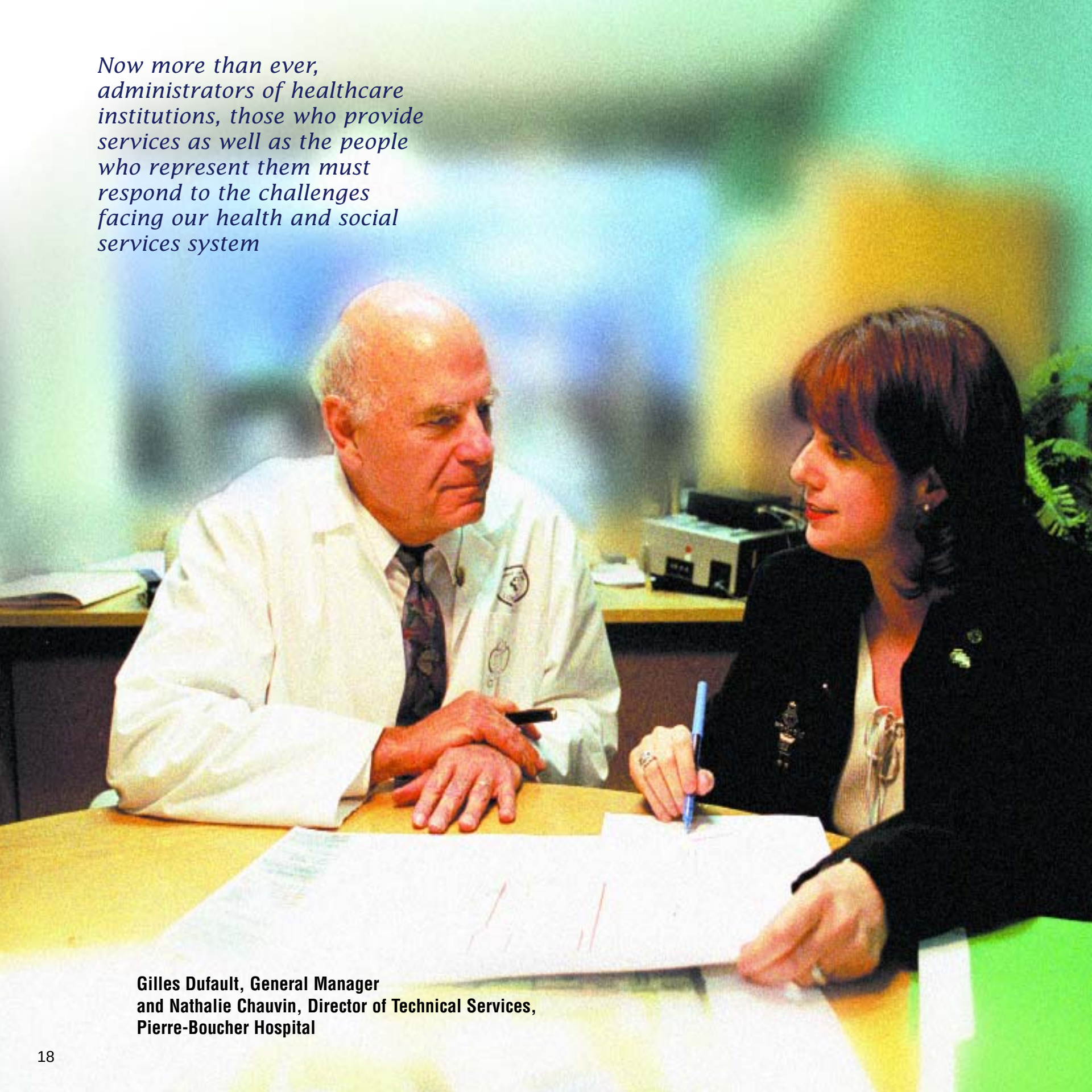
We are convinced that, with the combined effects of these measures and the commitment of physicians and administrators to make emergency services a priority in their hospitals, emergency room problems in Québec can finally be resolved

A series of changes that will resolve emergency room problems:

- Offer the more frequently used social and health services close to home, e.g., through FMGs
- Offer a range of services adapted to the needs of frail seniors
- Focus on prevention
- Reduce waiting times for specialized medical and hospital services, and encourage physicians and administrators to make emergency services a priority in their hospitals

With the above, we could guarantee the public at large quick and efficient services 24 hours a day, seven days a week in every emergency room in Québec, without exception.

Now more than ever, administrators of healthcare institutions, those who provide services as well as the people who represent them must respond to the challenges facing our health and social services system



Gilles Dufault, General Manager and Nathalie Chauvin, Director of Technical Services, Pierre-Boucher Hospital

2nd Challenge

Change the way the health and social services network is managed




In the last few years, improvements have been made to how the health and social services system is managed — but we would be wrong to think that these efforts are enough.

We cannot offer better access to services simply by investing more money in the health and social services system. Sums allocated to health and social services already represent 40% of the Québec government's budget. We therefore need to reassure and show the general public that this money is indeed being used in the best way possible.

We promise the public that they will have better access to all services and that these will be organized according to their needs.

However, to fulfill these commitments, we must make significant changes in how we manage the health and social services system. We are convinced that this system can indeed be efficient if given the chance.

To make the necessary changes, managers must be given the tools they need to fulfill their responsibilities and inform the public of how public funding is being used. Furthermore, we need to ensure that the appropriate personnel, including physicians, is available where it is most needed. Establishing partnerships and using information and communication technologies must also be taken into consideration when searching for more efficient solutions.

We are convinced that this system can indeed be efficient if we give it the chance

2.1 Decisions that directly affect citizens and our obligation to be accountable to the public

In the last few years, Québec has focused on regionalizing its health and social services system, which, in turn led to the creation of the regional boards. These boards were called upon to plan services in their areas, but until now regional and local institutions have not been given the flexibility they require to organize services according to public need. Moreover, the experience has uncovered inconsistencies in how responsibilities are shared between the *Ministère de la Santé et des Services sociaux*, the regional boards and the healthcare institutions. These inconsistencies have, in fact, created confusion and duplication of roles.

Regional boards, as well as health and social services institutions, must make budget decisions and organize services in such a way as to best suit the needs of their communities, while staying within the budgets allocated to them. They will therefore be able to take into consideration the specific characteristics of their communities.

That is why **we will reinforce the responsibilities of the regional boards**, in order to enable them to more fully fulfill their role, and make their own decisions concerning budget allocations and the organization and coordination of services between healthcare institutions in their areas.

In the case of budget allocations, we will carry on with the changes and work set in motion this year in order to **balance the financing**. The new method of allocating budgets among healthcare institutions will take into consideration the amount and extent of care offered, as well as the needs of the community.

The decentralization of decision-making powers from the *Ministère de la Santé et des Services sociaux* to the regional boards should extend even further to include the healthcare institutions themselves, giving them even more room to manoeuvre.

Every institution should provide complementary care and services, and adapt these as best as possible to its community. Of course, the different types of healthcare institutions within our system each have their own mission, but now is the time for them to make a concerted effort **to harmonize services and complement each other**.

Increasing the responsibilities of the regional boards and healthcare institutions does, however, have another side to it. Because decisions will be made at the regional and local level, the responsibility for informing the public will fall upon these institutions. We will have therefore initiated a **true decentralization of the system in exchange for greater transparency and greater accountability to the public**.

In addition to setting the orientations for the whole of Québec and carrying out its mission of coordination, **the *Ministère de la Santé et des Services sociaux* will evaluate and conduct regular follow-ups on the progress made** by the healthcare institutions and regional boards.

This was our aim in publishing the **Hospital Bill of Health** throughout Québec, which will be followed by similar reports specific to other types of institutions in the next few months. We consider it our duty to let the public judge the effectiveness of the services they receive, the sums allocated to providing them, and the satisfaction of those who use them.

It is not enough to have quality medical care; we also need to ensure that the public has access to it

Some information in the *Bill of Health* is not only useful to the public, but essential to healthcare managers in their daily activities. This management information will serve as a basis for **performance contracts** that will be entered into by the *Ministère de la Santé et des Services sociaux* and the regional boards, and by the regional boards and the healthcare institutions. The contracts will present an evaluation of the situation based on a series of performance indicators and contain ambitious objectives for improvement, as well as the specific means by which they are to be achieved.

Healthcare managers will be the main architects in implementing the changes required, and will be responsible for these changes. The health and social services network is a complex system to manage — probably the most complex of all public and private organizations.

It is therefore crucial that all healthcare managers have at their disposal the tools and skills required to fully fulfill their responsibilities. We will therefore provide them with the **training** they need to meet their many complex challenges.

2.2 A more available workforce

The strategic importance of human resources in a sector such as the health and social services field is obvious. Those whom the sick or distressed turn to for help will always be invaluable resources.

The people who work in this field are competent and dedicated. In the last few years, often under difficult conditions, they have not only offered quality services, but also often broken new ground to meet the needs of the public. This level of ability and involvement must be maintained; however, resources are lacking and it is difficult to find enough qualified professionals who are available to work where they are most needed.

We therefore suggest a series of solutions aimed at increasing the number of healthcare personnel, including physicians, and ensuring that these professionals not only serve and care for the community, but also make themselves available wherever their services may be required. These solutions will help us to better utilize the skills of the professionals involved.

Physicians

It is not enough to have quality medical care; we also need to ensure that the public has access to it. To meet this objective, more physicians must agree to perform priority services, such as working in emergency rooms. This is all the more important since the number of physicians is limited but the needs are almost infinite.

We need to hire more physicians and ensure a more even distribution of doctors among the regions, within the regions and in healthcare institutions.

We must therefore make an effort to provide better access to priority services throughout Québec. Significant progress was made with the introduction of a bill that outlined a series of permanent measures aimed at making more physicians available to respond to patients' priority needs.

This series of measures respects the autonomy and professional responsibility of physicians

This series of measures respects the autonomy and professional responsibility of physicians, who are the only ones who can decide what care a person should receive and how it should be administered.

Here are the main changes proposed for the public to gain better access to a physician's care:

1. **Physicians must commit to participating in specific medical activities. These activities are carried out in sectors where needs are highest, such as emergency services — which are of the highest priority — hospitals, residential facilities, and pre-natal and birthing services, and also include following up on patients over 70 years of age or who have chronic illnesses like diabetes**

2. **With the help of regional medical manpower plans, we will ensure that new physicians are established in regions where needs are highest and the number of physicians is insufficient. This will help to balance the distribution of physicians among the regions**

3. **Each regional board will draw up service agreements, as needed, between its own institutions, as well as with institutions in other regions that have more physicians, to ensure proper services are available to its community**

4. **The number of students admitted to medical programs at the universities will be increased gradually. Already we have boosted enrolment from 406 students in 1998, to 666 students in 2003, an increase of 64%**

5. **Greater efforts will be made to recruit physicians internationally for positions here in Québec**

Dr. Nhu Pham-Nguyen, CHSLD Saint-Laurent, with her patient, Ms. Drolet

Taking into consideration the number of physicians who arrive in the province and the number of those who leave, we estimate that an average of 200 new physicians will begin to practice medicine in Québec every year. In addition, with the effects of the changes we will bring about, such as the creation of FMGs, we will resolve a good portion of the problems linked to the lack of physicians within the first year of our plan.

We suggest a series of solutions aimed at increasing the number of healthcare personnel, including physicians, to serve and care for the community

Nurses and other professionals

In 2003, there will be 241,500 individuals working in the Québec health and social services system. Today, 1,800 nursing positions are vacant. Within the next five years, to fulfill the objectives of our plan, we will need to add 32,800 professionals to the network, 8,450 of which are nurses.

This situation is not exclusive to Québec. In the United States, 168,000 nursing positions remain vacant in hospitals and needs are ever-increasing. Conditions are similar in England, France, Germany and Japan, as in many other developed countries.

Furthermore, working conditions for health and social services personnel were established at a time when there were many professionals available for work and the needs of the public were fewer because the population was younger. Today, we have an aging population that requires increasing and more varied health and social services. However, the working conditions and collective agreements of the personnel have not evolved according to the needs of our society.

In the last few years, the number of qualified graduates in health and social services professions has increased, but they are still too few to fulfill the needs of the network; this problem will only continue to escalate as our population ages and its needs increase.

In order to guarantee access to health and social services throughout Québec, we need to make the following changes:

1. **Make permanent nursing positions more attractive, thereby stabilizing teams and retaining employees — and their expertise — for longer periods of time**

2. **Take advantage of every opportunity presented under Bill 90 *(An Act to amend the Professional Code and other legislative provisions in the field of health care, 2001)* to revise the distribution of responsibilities among physicians, nurses and other health professionals. By freeing physicians of duties that can be performed by nurses and nurses of responsibilities that can be assumed by other health professionals, we can provide better access to services while maintaining quality medical care**

3. **Make better use of the skills of all categories of personnel with whom nurses work so that the latter can focus on the essential duties for which they were trained**

All these measures will ensure that a sufficient number of physicians, nurses and other professionals will be available to work in the areas in the network where they are needed

4. **Adapt collective agreements to guarantee a smoother and more flexible organization of services (e.g., by merging union certification units)**

5. **Give personnel the opportunity to receive the training they need to adapt to the changes in their tasks and in the organization of their work**

6. **Ensure that a greater number of people choose a career in the health and social services field and that more candidates pass the exams given by professional bodies**

In conclusion, with the aging of the population and the resulting increase in care and services, the health and social services field is the field that will experience the greatest labour needs worldwide. In order to ensure that all the jobs in the health and social services network attract enough people, we must examine how to improve the salaries of these positions.

All these measures addressing labour needs will ensure that a sufficient number of physicians, nurses and other professionals will be available to work in the areas in the network where they are needed. We will thus be able to provide the resources required to carry out the changes in the organization of services. These measures will also improve personnel work satisfaction and reduce absenteeism due to occupational illness.

2.3 Partnerships, for more flexibility

Under certain circumstances, we believe that it may be advantageous to enter into partnerships to ensure access to services. This is already being done in our system.

In order to improve patient access to specialized services and contribute to reducing waiting times, we are working on setting up affiliated clinics of medical specialists.

These medical clinics would be associated with a hospital. To be treated there, a patient would need a referral from the hospital. The patient priority list would be established based on the urgency of the case and not on the patient's ability to pay.

Residential care for frail seniors is already offered in partnership with the private sector, and we must explore the possibility of entering into such partnerships more often, especially given the growing needs that we must meet. The partnerships that have been developed up until now, with private home-care centres under agreement, guarantee the same quality standards as those governing public institutions and the same contribution policy for seniors.

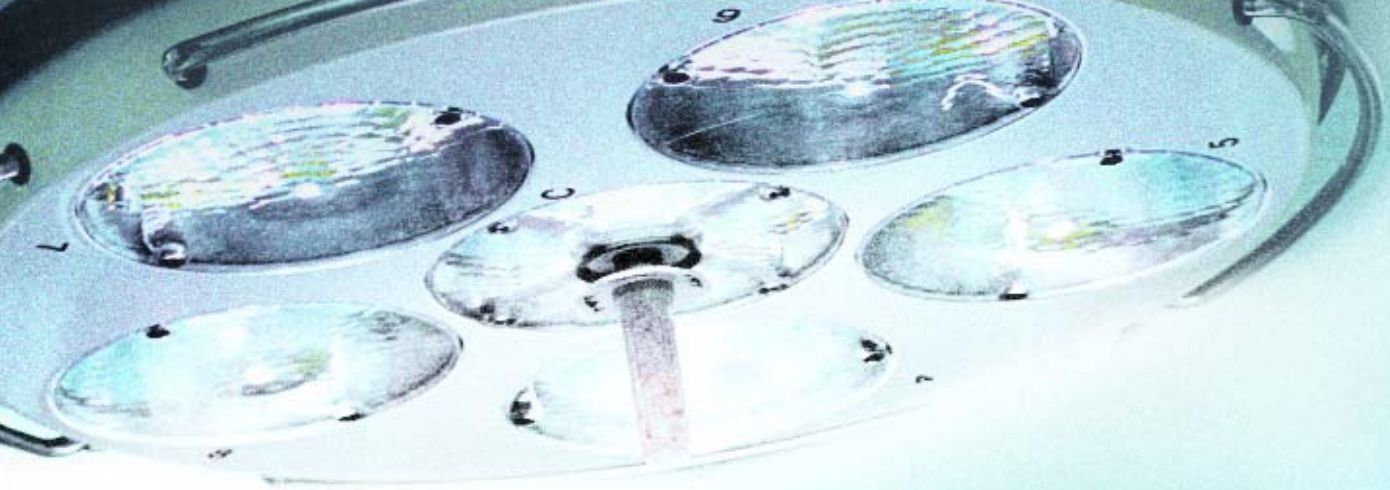
Moreover, other forms of partnerships must be pursued, notably with independent community groups, on a voluntary basis and within the terms of government policy.

2.4 Better use of information and communication technology

The health and social services system must make more use of information and communication technology (ICT) to improve access to its services. In a context where healthcare institutions must be able to exchange information easily and share services, ICT will enable us to better respond to the needs of the population and improve resource use.

In order to improve the circulation of information and better organize services, we intend to:

1. **Continue setting up clinical information systems for social and health services close to home as well as for specialized services**
2. **Adapt the health card project so that this tool facilitates follow-up and case management of people receiving social or medical services, and thus improve the quality of the services provided**
3. **Invest in computerizing FMGs, so that professionals working in FMGs, CLSCs and healthcare institutions can exchange information to help with the follow-up and case management of individuals registered in FMGs**
4. **Develop information management systems to support management by results and accountability**

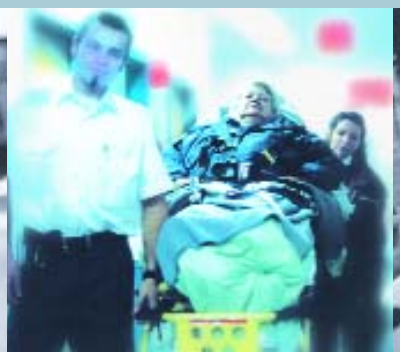


**Dr. Louis Normandin and
Dr. Miguel Chaput, Centre hospitalier
universitaire de Montréal (CHUM),
Pavillon Notre-Dame**

3rd Challenge

Secure the future of the public health and social services system with stable and adequate funding




Our collective efforts up until now have enabled us to establish the foundations of a modern health and social services system. However, as in the rest of the world, enormous pressures are being placed on our system. Our aging population needs more and more specialized, and better adapted, care and services. Technological developments are also increasing the cost of treatments and interventions.

However, the financial resources that we have invested in the health and social services network have not been able to meet all our needs.

We must thus intervene to ensure access to all services for the population of Québec.

We have come to the conclusion that an additional $1.8 billion is required

In summary

Measure	Funding required (in millions of dollars)
1. Offering people front-line services close to home	842.5
2. Offering seniors in-home care, and services at residential centres	456.7
3. Focusing on prevention	241.0
4. Shortening waiting times for specialized medical and hospital services	234.0 [1]
TOTAL	**1,774.2**

1. Including $162 million in non-recurring funding

3.1 The funding needed to secure the system's future

Carrying out the changes that we are proposing implies significant investments. Following a rigorous analysis of all the programs of the *Ministère de la Santé et des Services sociaux* that took into account the needs of the population and the impact of its aging, we have come to the conclusion that an additional $1.8 billion is required. This analysis has been confirmed and validated by a research team at the Université Laval.*

This money will be dedicated in priority to health and social services close to home, as demonstrated in the table above.

But, additional needs are not limited to those measures. Year after year, the health and social services system must absorb a normal increase in costs, including salary increases, energy costs and building maintenance. All organizations must deal with increases in the expenses required to offer the same services as the previous year.

However, the health and social services network is confronted with an exceptional situation: an increase in expenses that is higher than that found in other sectors. Three factors, over which we have little control, are currently affecting all healthcare systems throughout the world. They are:

- **Population aging**
- **Rising costs and use of medication**
- **Technological growth**

The first factor, population aging, means that there are more and more seniors in Québec and that these individuals are more likely to need more care and services than younger people.

At the beginning of the 60s, Québec had a population of 300,000 people over 65; that population has now reached one million. In one generation, two million seniors will need more care and services. We must thus adapt the funding of our services to this new reality.

*The team was headed by Maurice Gosselin, full professor at the École de comptabilité of the Faculty of Administrative Sciences.

To cover the increase in all health and social services expenses for the next few years, our budget should increase by 5.2% every year

Medication is increasingly being used to prevent and combat disease more effectively. It can be an effective substitute for medical interventions, reducing or eliminating the need for hospitalization in many cases. However, the rising costs and use of medication explain the annual increase of more than 10% in these expenses.

We have recently put forth measures that would slow down the rising costs of medication. For example, we will evaluate whether the effectiveness of a medication justifies its cost, and training activities aimed at health professionals will encourage them to use medication wisely. These measures will have tangible effects to limit the rising costs of medication, which is in the best interests of the population.

Finally, health professionals are increasingly using new technology to treat people, because these methods are often more effective and cause fewer problems for patients. However, they also cost much more to use than traditional methods.

These factors will continue to increase the costs of the system, even once we have invested $1.8 billion to change the organization of our services and carry out the upgrading required to offer all the priority services. To cover the overall increase in health and social services expenses for the next few years, our budget should increase by 5.2% every year. We could then meet all the additional needs of our aging population as well as cover the costs associated with the rising costs and use of medication, technological growth and increases in expenses (Figure 3).

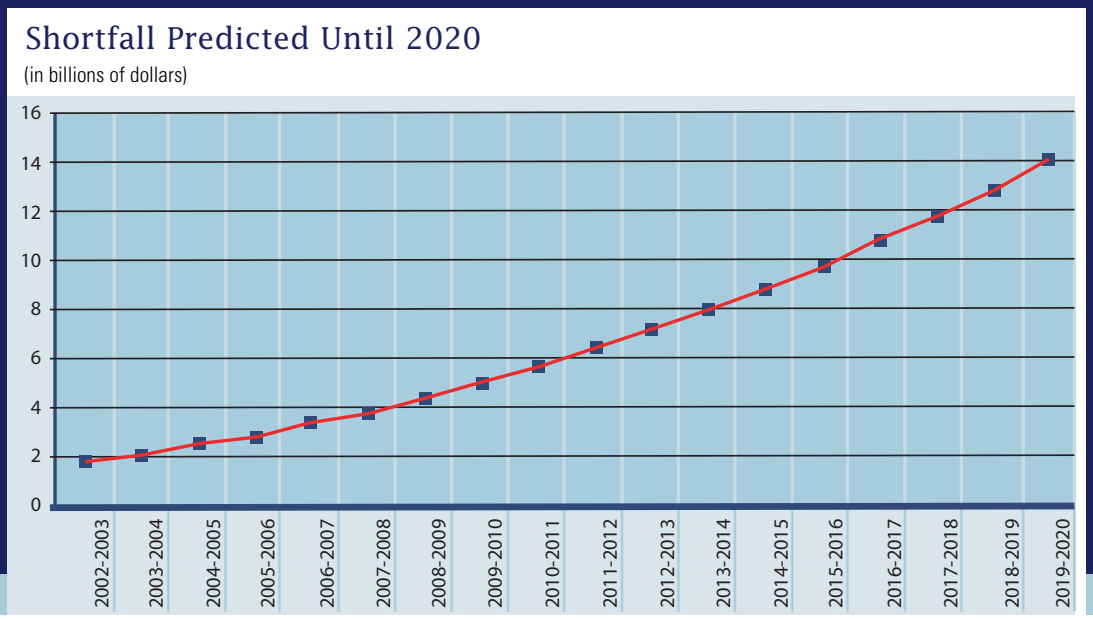
Figure 3

Annual Percentage Increase in Health and Social Services Expenses for the Next Five Years

Expense	Average Increase (%)	
Costs common to all sectors in Québec		
Salary increases	1.7	2.6
Indexation of other expenses	0.9	
Costs specific to the health and social services sector		
Population aging	0.6	2.6
Medication	1.6	
Technological growth	0.4	
TOTAL		**5.2**

If we do not invest the $1.8 billion to make the changes now, and if the health and social services budget is not increased by 5.2% every year, we will continue to have services that do not meet all our needs.

Figure 4



The annual increase in health and social services expenses that we estimated at 5.2% is comparable with that established by the Clair Commission (5.1%). In addition, the Conference Board of Canada has estimated that the annual increase in healthcare expenses for the provinces and territories until 2020 will be 5.2% per year.

Moreover, everything seems to indicate that health and social services expenses are going to continue to rise faster than our revenues. Based on the data published by the Conference Board of Canada within the framework of the work carried out for the Séguin Commission, we can observe that the revenues of the government of Québec will increase by an average of 3.7% per year for the next five years.

The 1.5% discrepancy between estimated expenses (5.2%) and projected revenues (3.7%) could thus represent a lack of funding of over $300 million per year. This annual shortfall, combined with the $1.8 billion required to implement the changes proposed, will lead to an overall shortfall of $3.7 billion in 2007 and $14 billion in 2020 (Figure 4).

You will notice that the shortfall increases and accumulates rapidly from year to year. Its financial weight and its impact on services will become enormous if the situation is not rectified. It is today's young people who will pay the price of this burden in the future. This is a matter of fairness between the generations.

Several provinces and countries are planning to reinvest massively in their public health systems. This is true for England, among others, which intends to increase its healthcare spending by more than 7% per year for the next five years.

In the United States, the situation is even more critical. The costs of Medicaid (a public plan for low-income individuals) will increase by 8.5% per year until 2011. This rate of increase is significantly higher than the 5.2% predicted for Québec.

As for American employer-based private insurance plans, they have been hit with even greater cost increases. For employers, premiums increased by 11% between 2000 and 2001; they are expected to increase by 15% in 2003.

3.2 Talking about... giving people who can afford it the chance to pay for services

In Québec, the proportion of high-income individuals is not comparable to that found in the United States or in certain European countries. Figure 5 shows that only 1.6% of all Quebecers report an annual income of $100,000 or more.

When the suggestion is made to give the "rich" the right to pay for their healthcare services, we must examine all the outcomes of such a measure, as well as the real savings it would generate for the government.

For example, if this measure was applied to heart ($16,400*), hip ($11,000*), knee ($10,600*) or cataract ($1,100*) surgeries, for which there are some of the longest waiting times, and all individuals with an income over $45,000 had to pay for their surgery, this measure would have saved the government $42.2 million in 2002 (Figure 6).

* These costs do not include medical follow-up, physicians' salaries, rehabilitation or home-care services following surgery (if required).

Establishing a parallel private care system will definitely not make more physicians, nurses or money magically appear

To begin with, even if they accepted to make enormous sacrifices, there is not guarantee that all individuals with incomes over $45,000 would be able or even willing to pay such sums for their care. Moreover, $42.2 million is a modest sum when compared to the $1.8 billion we must reinvest to upgrade our healthcare network. It only represents 2.3% of what we need.

In addition, a system that allows rich individuals to skip ahead of the less fortunate on waiting lists is unfair and runs contrary to the values of Québec society. Finally, this measure will only serve to displace the problem. If waiting times are sometimes long, it is because funding is insufficient and the labour force is limited. Establishing a parallel private care system will definitely not make more physicians, nurses or money magically appear.

Figure 5

Number of Households According to Total Income Bracket, Québec 1999

Total Income Bracket	Number of Household	Percentage of Declarations
	(in thousands)	(%)
Under $20,000	2,844	52.3
$20,000 to $29,999	895	16.5
$30,000 to $49,999	1,062	19.5
$50,000 to $99,999	547	10.1
$100,000 or more	87	1.6
Total	**5,435**	**100.0**

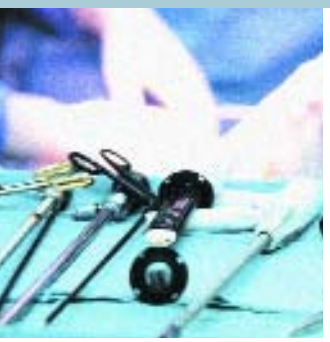
Figure 6

Cost of Surgeries for Which Waiting Times Are Sometimes Long

(hospital costs excluding the *Régie de l'assurance-maladie du Québec*)

Specialty	Cost per Patient	Total Cost	Proportion of Costs According to Level of Taxable Income
	2002-2003	2002-2003	$45,000 and over (15 %)
	($)	($)	($)
Heart surgery	16,400	141,778,000	21,266,700
Orthopedics – hips	11,000	40,975,000	6,146,250
Orthopedics – knees	10,600	36,697,200	5,504,580
Cataracts	1,100	61,647,300	9,247,095
Total	**39,100**	**281,097,500**	**42,164,625**

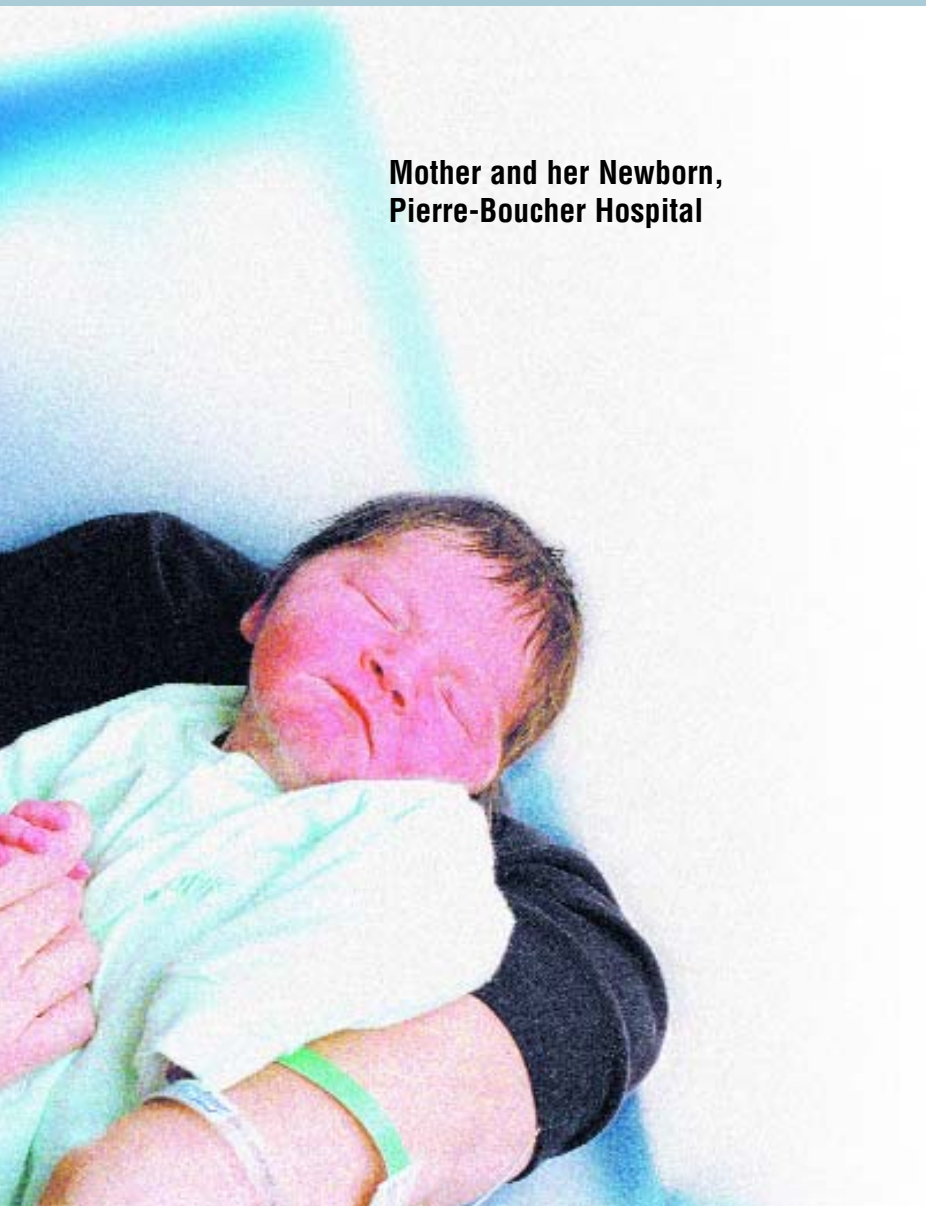
We do not accept that a person's ability to pay should be a barrier to maintaining his or her health and well-being



3.3 Making the right choices

We do not accept that a person's ability to pay should be a barrier to maintaining his or her health and well-being. We reaffirm our commitment to preserving the public character of the Québec health and social services system. Our choices, at the level of both the organization of services and funding, rest on a public system.

We continue to affirm the primacy and equality of all individuals; we reject exclusion and support solidarity. We must collectively find the means to maintain a system that corresponds to our values and that has the resources it requires to meet the needs of the population.



Mother and her Newborn, Pierre-Boucher Hospital

Fiscal imbalance

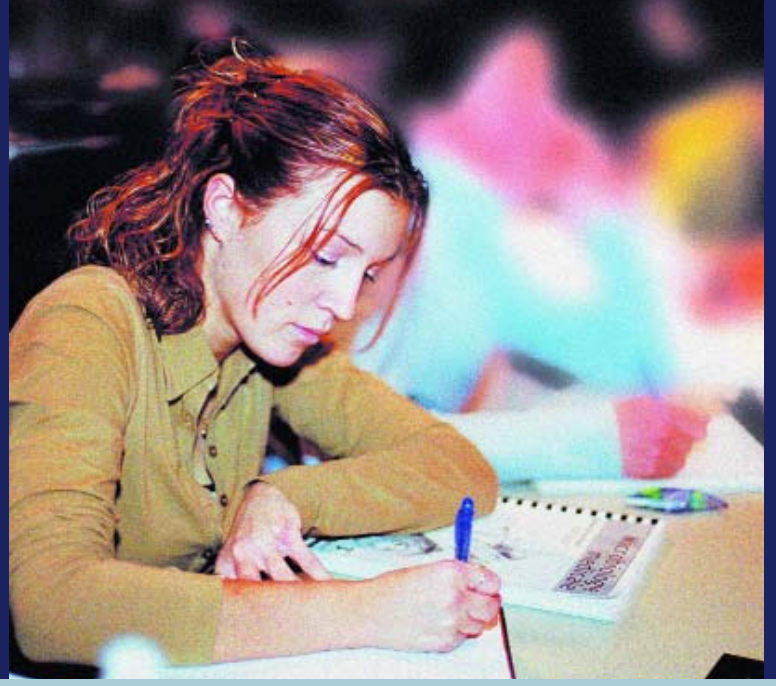
Québec and the other provinces do not have enough funding to cover the costs of all the services linked to their various responsibilities, including health care. Conversely, considering its responsibilities, the federal government has more than enough money to cover its expenses. This is what is called a fiscal imbalance.

It is important to recall that when the public health and social services system was created, the federal government was committed to paying half of the costs of the system, with Québec paying the other half. At the present time, the federal government is only covering 14% of costs, which means that Québec must pay a ever-increasing amount to make up the difference.

According to the report of the *Commission on Fiscal Imbalance (Séguin Commission)*, Québec's share of the surplus that the federal government should pay back annually to correct this fiscal imbalance is at least $2 billion in the short term and $3 billion in the medium term. It is thus essential to continue putting pressure on the federal government to pay back what it owes us of the federal income tax that we pay.

We believe that this is one of the solutions to the funding problems of our health and social services system, and we are going to redouble our efforts to recover these monies to ensure the future of our system.

Medical student,
Université de Montréal



Québec society has reached a critical turning point that will determine the future of its public health and social services system

We must make the right choices

The need for public debate

The conclusions of the Clair Commission Report identify the orientations and potential solutions for which there has been a general consensus. With this plan, we are translating them into concrete actions whose costs and feasibility we have carefully evaluated.

We must now work together to identify ways of ensuring sufficient, stable funding that will respect our commitment to the solidarity between individuals, groups and generations that has characterized Québec for over 30 years.

The debate concerning the funding of the health and social services system must be large and public. It was therefore our duty to inform you of the issues so that you could actively participate in the decision-making that surrounds these collective choices. Québec society has reached a critical turning point that will determine the future of its public health and social services system.

We must make the right choices.

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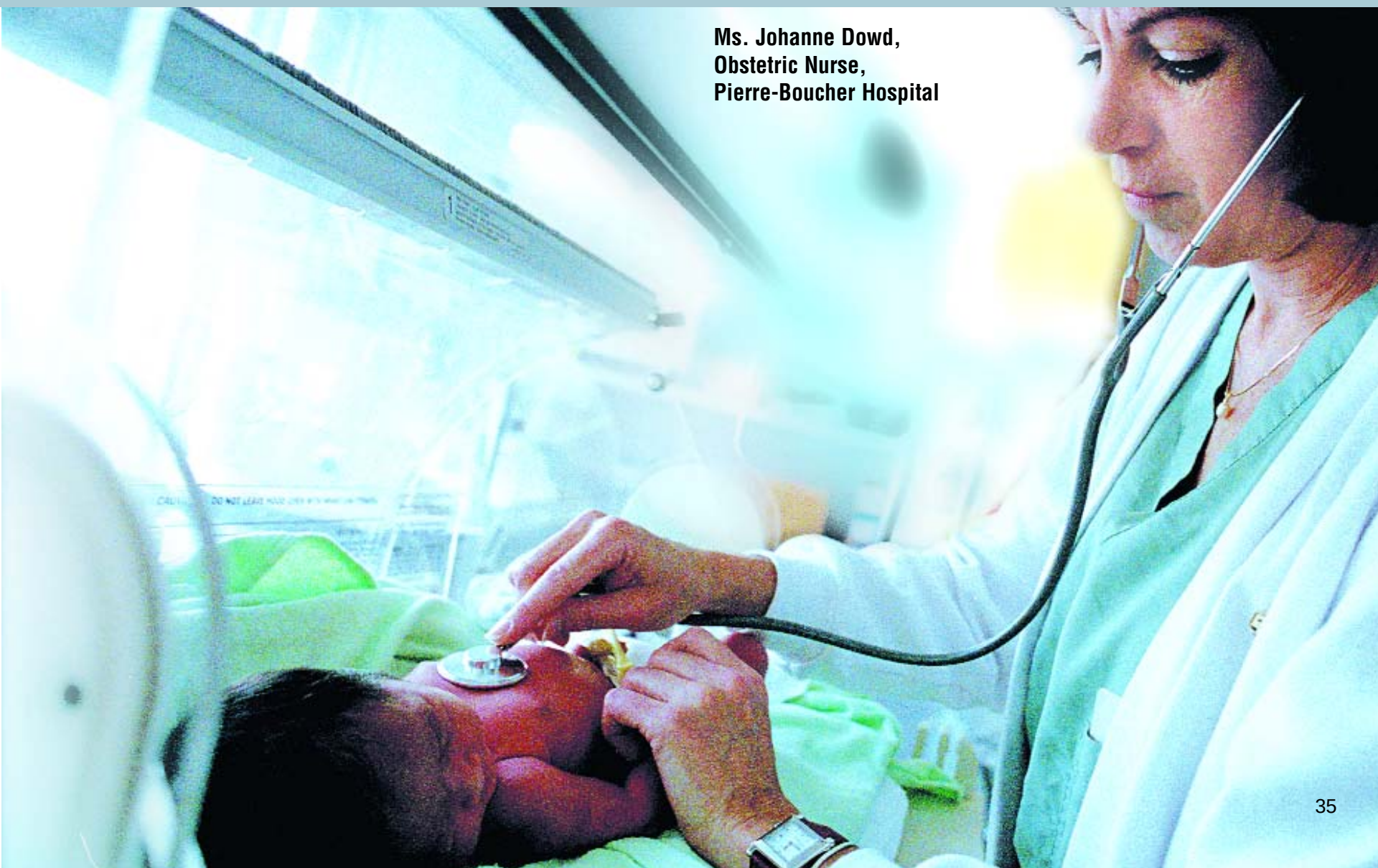
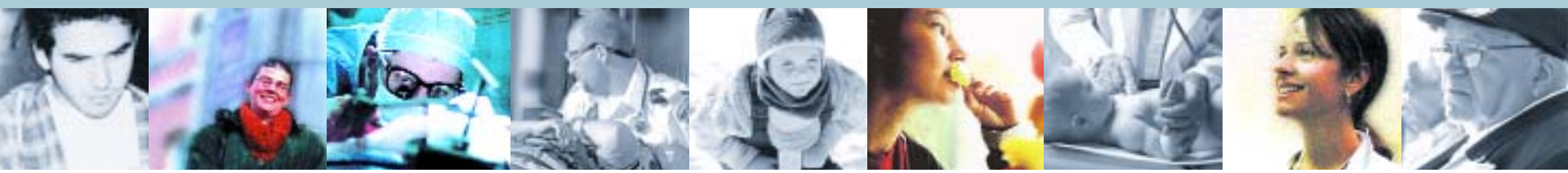


**Ms. Johanne Dowd,
Obstetric Nurse,
Pierre-Boucher Hospital**



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