IN BRIEF

# The Health and Social Services System in Québec

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Direction des communications
Ministère de la Santé et des Services sociaux

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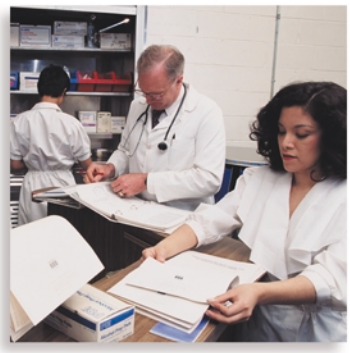
Québec's health and social services system was instituted under the *Act respecting health services and social services,* which came into force on June 1, 1972. The aim of the system is to maintain and improve the physical, mental and social capacity of Quebecers. Three principles—universality, free care and continuity of services—are the mainstays of the organization of the system.



To ensure all Quebecers have access to quality care and services, the *Act respecting health services and social services* adopted an organizational model based on regionalization and the complementarity of institutions within a network. This vast network underpinning Québec's health and social system is composed of some 480 public and private institutions, more than 3400 community organizations and over 1000 private medical clinics. Nearly 7% of Québec's labour force works in the health and social services network. The system is administered by the ministère de la Santé et des Services sociaux (MSSS), and by 16 regional boards, the Baie-James regional centre and the Cree regional council.

The composition of the health and social services system in Québec is shown below:

**Gouvernement du Québec**
**Ministère de la Santé et des Services sociaux**
**Health and social services network**

Regional boards, regional centre and regional council
Institutions with the following mandates:
- Local community service centres
- Hospital centres
  - General and specialized care
  - Psychiatric care
- Rehabilitation centres
  - Young people with adjustment problems
  - Mothers with adjustment problems
  - Persons with physical impairments (hearing, visual and motor impairments)
  - Persons with intellectual impairments
  - Alcoholics and other addicts
- Residential and long-term care centres
- Child and youth protection centres

Community organizations
Private medical facilities

## Ministère de la Santé et des Services sociaux

The Minister of Health and Social Services is accountable to Quebecers for the drafting and application of policies on health and social services in Québec. He is responsible for applying the statutes and regulations relating to health and social services and for ensuring that quality care is available to all Quebecers. The role of the ministère de la Santé et des Services sociaux (MSSS) consists in determining the objectives, directions and priorities for health and social services in Québec, and in taking the means necessary to carry them out. Such means include organizing services and allocating budgets to the different institutions and regions. For this purpose, the MSSS focuses on management frameworks, general policies, evaluation, negotiation and follow-up, teaching and research, network personnel, priorities, regional particularities and services, interregional fairness and protection of public health.

A number of organizations are under the jurisdiction of the MSSS. Most serve as consultant to the Minister and have a very specific mandate. Others, such as the Office des personnes handicapées du Québec and the Régie de l'assurance maladie du Québec, have a broader mandate and more substantial resources at their disposal. The MSSS collaborates with all of these organizations in carrying out their mandates.

### *Conseil de la santé et du bien-être*

Instituted under a statute passed by the National Assembly in May 1992, the Conseil de la santé et du bien-être came into being on October 25, 1993, with the passage of an order-in-council appointing the 23 members of the board. Under its constituting instrument, the principal function of the board is to advise the Minister on the best ways of improving the health and welfare of Quebecers.

### *Corporation d'hébergement du Québec*

The role of the Corporation d'hébergement du Québec (CHQ) is to provide intervenors in the health and social services sector, for self-financing purposes, with the technical and financial expertise and the funding necessary to manage, build, maintain and acquire capital property, equipment and infrastructures.

The CHQ is also required to have in its possession property used or to be used by an institution or a regional board or council, or by any other person, corporation or association designated for this purpose by the Minister of Health and Social Services or the Québec government.

### *Institut national de santé publique du Québec*

On June 20, 1998, the National Assembly assented to Bill 439, creating the Institut national de santé publique du Québec. The primary mission of the institute is to increase knowledge and transform public health practices by acquiring, producing, analysing and disseminating knowledge on the health and welfare of Quebecers, on the determinants of health and on the types of action to be taken in the area of public health.

### *Conseil consultatif de pharmacologie*

Created in 1971, the Conseil consultatif de pharmacologie assists the Minister of Health and Social Services in updating the list of drugs covered by the basic prescription drug plan and the list of drugs for institutions. To that end, the board gives its opinion on the therapeutic value of each drug and the fairness of the prices charged. Moreover, the board is required to make recommendations to the Minister regarding the use of drugs and price trends, as well as regarding any other pharmacology-related questions submitted by the Minister.

### *Régie de l'assurance maladie du Québec*

The Régie de l'assurance maladie du Québec is mandated to apply and administer the health insurance plan instituted under the *Health Insurance Act,* as well as any other program entrusted to it by law or by the government. The board is required to remunerate health professionals who provide insured services, in accordance with agreements, and to reimburse beneficiaries for the cost of services, if applicable.

Furthermore, the board is mandated to monitor eligibility for programs and the use made of programs by providers and beneficiaries. The board also advises the Minister of Health and Social Services on the administration and application of programs.

### *Office des personnes handicapées du Québec*

The mandate of the Office des personnes handicapées du Québec consists in overseeing the coordination of services provided to disabled persons, in promoting the interests of the disabled and in facilitating their academic, professional and social integration. The office promotes collaboration between public, parapublic and private organizations that provide pan-Québec, regional and local services.

*Conseil médical du Québec*

The Conseil médical du Québec was instituted under the *Act respecting the Conseil médical du Québec,* passed on December 12, 1991. Its role is to advise the Minister of Health and Social Services on any question relating to medical services, taking into account the needs of the public, trends in the cost of medical services and the public's capacity to pay.

*Comité de la santé mentale du Québec*

Created in 1971, the Comité de la santé mentale du Québec has a global mandate to participate in planning and evaluation with regard to mental health. The committee is composed of mental-health experts from various fields appointed by a Québec government order-in-council. Secretarial work is handled by the Direction générale de la planification stratégique et de l'évaluation of the MSSS.

*Commissaire aux plaintes*

Since 1993, the Commissaire aux plaintes has made it possible for users of health and social services to request that complaints already filed with an institution or a regional board be re-examined. Appointed by the Québec government, the complaints commissioner is responsible for examining complaints from users regarding the services received or required from institutions, community organizations, foster families or foster homes, certified private nursing homes and the emergency prehospitalization system (for example, ambulance transport services), as well as complaints relating to the activities and duties of the regional boards. The complaints commissioner's office is the last recourse for users. The commissioner has the power to conduct investigations and make recommendations, thereby reinforcing the mechanisms set up in the health and social services network to ensure the promotion and protection of users' rights.

*Comité permanent de lutte à la toxicomanie*

The mandate of the Comité permanent de lutte à la toxicomanie consists primarily in advising the Minister of Health and Social Services on the major orientations for the fight against drug addiction, and in proposing priority actions or designating the best areas for intervention. To effectively carry out its mandate, the committee examines the trends in the determinants and ravages of drug addiction in Québec. The committee analyses the problems relating to the use and abuse of psychotropic drugs and the actions necessary to find solutions to these problems. It takes into account both the data compiled through research and the opinions of the intervenors and experts in the various sectors involved, and of Quebecers as a whole.

### *Conseil québécois de lutte contre le cancer*

The Conseil québécois de lutte contre le cancer is mandated to ensure the transfer of the knowledge necessary to maintain and improve the quality of interventions and the organization of services. The council also contributes to establishing greater coherency between the needs of patients and the response to those needs from both a clinical and an organizational standpoint, as well as between the latest research results and developments in research. The council is composed of professionals, scientists and administrators in the field of cancer, who constitute an important resource for implementing the program to fight cancer. The council advises the Minister of Health and Social Services on the fight against cancer.

### *Comité de revue de l'utilisation des médicaments*

The Comité de revue de l'utilisation des médicaments is charged with promoting the proper use of medications. To that end, the committee carries out activities to review the use of medications; proposes strategies for training, disseminating information and raising awareness, in collaboration with and with the participation of the various intervenors (such as professional orders and the Conseil consultatif de pharmacologie), aimed at improving the prescribing and dispensing of medications; and makes recommendations for improving the use of medications to intervenors in conformity with their respective responsibilities. The committee must ensure that the activities to review medication use are evaluated by an outside person or organization and that the anticipated results of the strategies, as well as the related efficiency and effectiveness measures and economic and medical impact, are taken into account in the evaluation.

## Health and social services network

The institutions composing the health and social services network each have specific responsibilities; coordination between the institutions is ensured by the regional boards, the Baie-James regional centre and the Cree regional council.

### *Regional health and social services boards*

The Québec government set up a regional health and social services board in each region, to take charge of the planning, organization and coordination of programs and services, as well as the allocation of resources, in that region. The mission of the regional boards is to adapt health and social services to the needs and situation of the various groups to whom they provide services. Each region can thus organize its programs and services on the basis of the characteristics of its population, its geography, its socioeconomic and cultural characteristics, and the institutions on its territory.

### *Institutions*

Over 480 public and private institutions provide Quebecers with the appropriate services. These institutions form the basis of the health and social services system. Whatever their mandate, all of the institutions are required to provide quality, accessible and continuous services to the public. Moreover, they must see to the persons who solicit their assistance, evaluate their needs and, where necessary, refer them to the appropriate resources. The institutions are categorized according to their mandate, as follows:

- Local community service centres (CLSCs) — CLSCs are mandated to provide basic health and social services of a preventive or curative nature, as well as rehabilitation or reintegration services. These services may be provided on the premises of the CLSC, at school, at the workplace or in the home.

- Hospital centres — Hospital centres offer diagnostic services, general and specialized medical care, nursing care and specialized psychosocial services in rehabilitation or reintegration.
- Rehabilitation centres — Rehabilitation centres provide rehabilitation, social integration and adjustment services to patients, as well as persons to accompany them, or support services for their families and friends.
- Residential and long-term care centres — These centres offer adults suffering from a loss of functional or psychosocial autonomy an alternative living environment and several services, such as lodging, assistance, support, supervision and rehabilitation. They also provide such persons with psychosocial, medical, nursing and pharmaceutical services.

- Child and youth protection centres — These centres provide young people and their families with psychosocial services, child placement and family mediation services, and expert opinions for the Superior Court on child custody, adoption services and assistance in searching for biological parents.

Institutions in Québec's health and social services system are administered on a regional basis; many of them have more than one mandate. There are 124 hospital centres, 321 residential and long-term care centres, 146 local community service centres providing front-line services, 91 rehabilitation centres and 20 child and youth protection centres.

### *Community organizations*

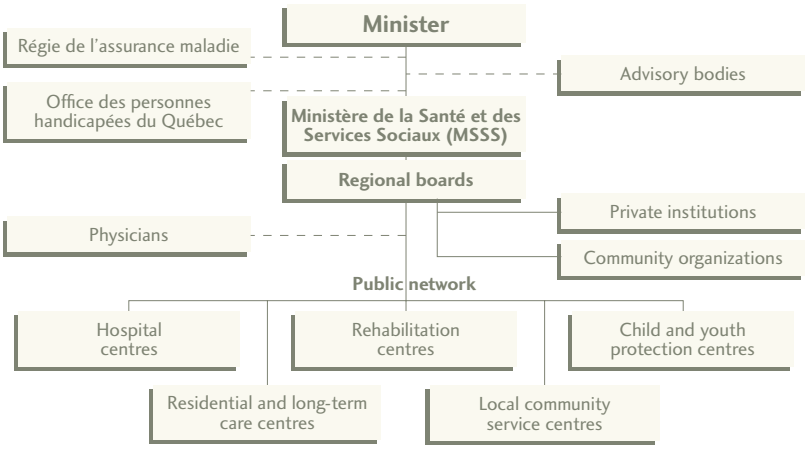
The 3400 community organizations under agreement working in the field of health and social services play a leadership role among the public, and are full partners of the MSSS, the regional boards and the institutions of the health and social services system. The range of services they offer is highly varied, and includes the following:

- prevention, assistance and support services, including temporary lodging services;
- activities to promote, raise awareness of and defend the rights and interests of users of health and social services;
- promotion of health and social development and improvement of living conditions for all Quebecers;
- activities to meet new needs, using novel approaches or targeting specific groups.

### *Other partners*

A large number of associations and professional corporations, medical federations, government organizations and other groups are also connected with the MSSS.

## The health and social services system in Québec




## Organization of services

The health and social services system in Québec is recognized for its wide range of services and for its organizational structure, which has three main characteristics.

First, a single administration oversees Québec's health and social services. As a result, all of the needs of elderly persons suffering from a loss of autonomy and of persons with adjustment problems or disabilities can be addressed.

Second, the system is composed of three levels—the central, regional and local levels. At the central level, the ministère de la Santé et des Services sociaux (MSSS) establishes the major orientations and defines budget parameters. At the regional level, the regional boards are responsible for organizing and coordinating services, and for allocating budgets to the institutions. At the local level, institutions (CLSCs, shelter centres and hospital centres) and private clinics are responsible for dispensing basic local services. Specialized services, organized regionally, and ultraspecialized services, organized across Québec, complete the service network.

Third, the Québec health and social services system is publicly controlled. The government determines which services are to be offered, finances the provision and operation of the services, and sets the conditions for fair access.

The introduction of hospital insurance in 1961 marked the beginning of the public health system, with universal access to free hospital services. In 1971, a universal health insurance program was brought in to give all Quebecers free access to medical care and services in private facilities. In 1997, a universal prescription drug insurance plan was introduced. This plan provides coverage under a partnership between the government and private insurers to all Quebecers, regardless of their age, income or health.

## Health of Quebecers

Québec has made spectacular progress in international comparisons of population health, and now compares favourably with the principal industrialized countries. This situation is a reflection of the quality of the services offered, socioeconomic conditions and the quality of the environment. However, Québec's infant mortality rate (5.5 per 1000 births) is not among the lowest of industrialized nations. Japan and Sweden post the lowest rates, at 3.7 and 4.0 per 1000 births, respectively. Québec nevertheless ranks above the United States, which has an infant mortality rate of 7.8.

### Indicators of the state of population health
### Québec and OECD countries

| | Life expectancy at birth in 1996 (in years) | | Infant mortality (per 1000 live births in 1997) |
|---|---|---|---|
| | **Women** | **Men** | **Number** |
| Japan | 83,6 | 77,0 | 3,7 |
| France | 82,0 | 74,1 | 4,8 |
| Switzerland | 81,4 | 75,7 | 4,7 |
| Spain | 81,6 | 74,4 | 5,0* |
| Sweden | 81,5 | 76,5 | 4,0 |
| **Québec** | **81,5** | **75,2** | **5,5** |
| Canada | 81,4 | 75,7 | 5,5 |
| Italy | 81,3 | 74,9 | 5,8* |
| Netherlands | 80,4 | 74,7 | 5,7 |
| Germany | 79,9 | 73,6 | 4,8 |
| New Zealand | 79,8 | 74,3 | 7,0* |
| United States | 79,4 | 72,7 | 7,8 |
| United Kingdom | 79,3 | 74,4 | 6,1* |

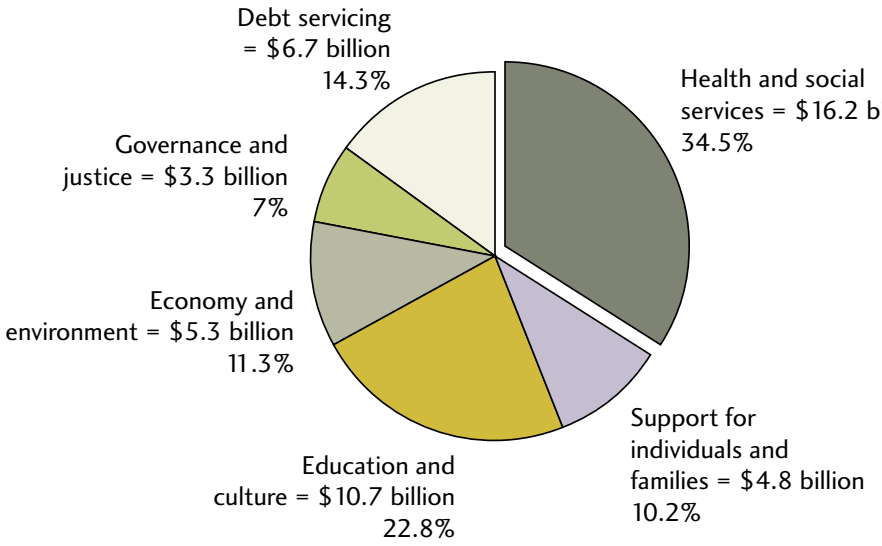
Sources: OECD 1998, Labour Force Statistics, 1986-1996; Bureau de la statistique du Québec

* Data for 1996

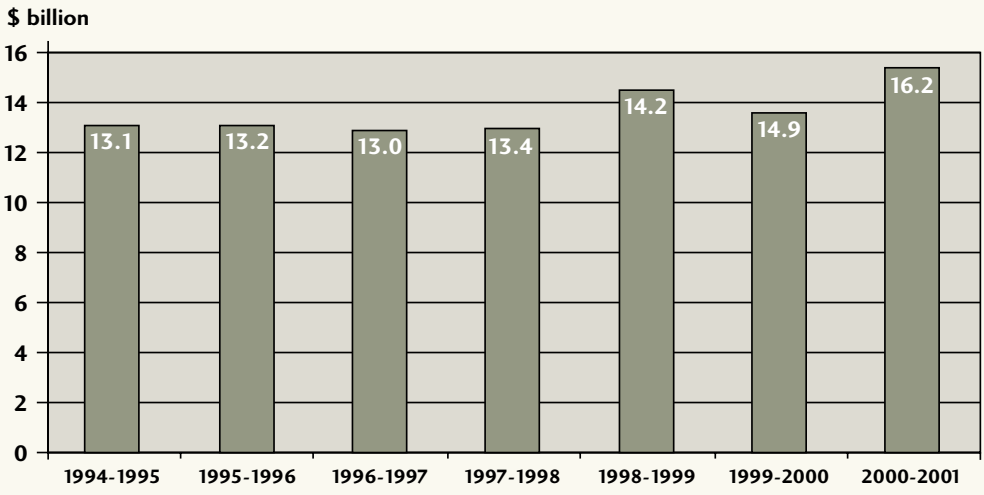
## Financing of health and social services

Quebecers have set up a complete array of programs aimed at ensuring their well-being, in particular in the area of health and social services. These services are funded out of the master budget of the Québec government. In 2000-2001, more than 30% of the budget was allocated to health and social services.

### Breakdown of government appropriations to Quebecers, by mission, for the 2000-2001 fiscal year




### Amounts spent on the health and social services mission in Québec 1994-1995 to 2000-2001



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