


The Reform of Health and Social Services in Quebec

David Levine
President/CEO

Montreal Regional Health Authority

2005

Québec 

The Reform of Health and Social Services

A Revolution in Healthcare Delivery

- A privileged moment in time
- An opportunity to solve profound problems in the healthcare system
- A unique occasion to improve services :
 - for the population
 - for MDs, professionals and services providers
 - for managers and administrators of the healthcare system

The Reform of Health and Social Services

Table of Contents

- Important dates
- The objectives of the reform
- The guiding principles
- A brief look at the reform
- The Health and Social Services Centers
- The local services networks
- The impact of the reform on patients
- The impact of the reform on the organization of services
- The Montreal Regional Health Authority
- Integrated University Health Networks
- The next step – Bill 83

The Reform of Health and Social Services

Important dates

- **January 30, 2004** : Creation of the Agencies for the development of the health and social services networks;
- **February – April, 2004** : Public consultation in Montreal and in each Regional Health Authority;
- **April 30, 2004** : Submission of the Agency's recommendation to the Ministry for the creation of the Health and Social Services Centers and the local networks;
- **June 15, 2004** : Approval by the Council of Ministers of the Agency's proposition and the nomination of the members of the boards
- **July 1, 2004** : Nomination by the new boards of their interim CEO
- **January-February, 2005** : Selection, appointment of the networks Chief Executive Officers;
- **2005** : Implementing the local networks;
- **June, 2005** : Adoption of Bill 83.

The Reform of Health and Social Services

The Objectives

- Improve the health and well being of the population
- Bring services to the population
- Facilitate the use of services
- Take charge of vulnerable clientele

The Reform of Health and Social Services

The Objectives (continued)

Today

- Functioning in silos
- A problem of continuity
- A problem of accessibility
- Repetition of services
- Hard to move from one level of care to another

Tomorrow

- Continuous services without interruption
- General practitioners at the center of services
- Managing vulnerable patients

The Reform of Health and Social Services

The Guiding Principles

- **Populational approach**
 - Populational responsibility of the health and well being of the population;
 - Access to health and social services.
- **Hierarchical provision of services**
 - Primary care responsibility ;
 - Responsibility of different level of care;
 - Reference protocols and corridors of services included in the agreements.

The Reform of Health and Social Services

A Resume

- **A new organization: Health and Social Services Centers (HSSC)**
- **A new concept of integrated services through the creation of local services networks**

The Reform of Health and Social Services

Health and Social Services Centers

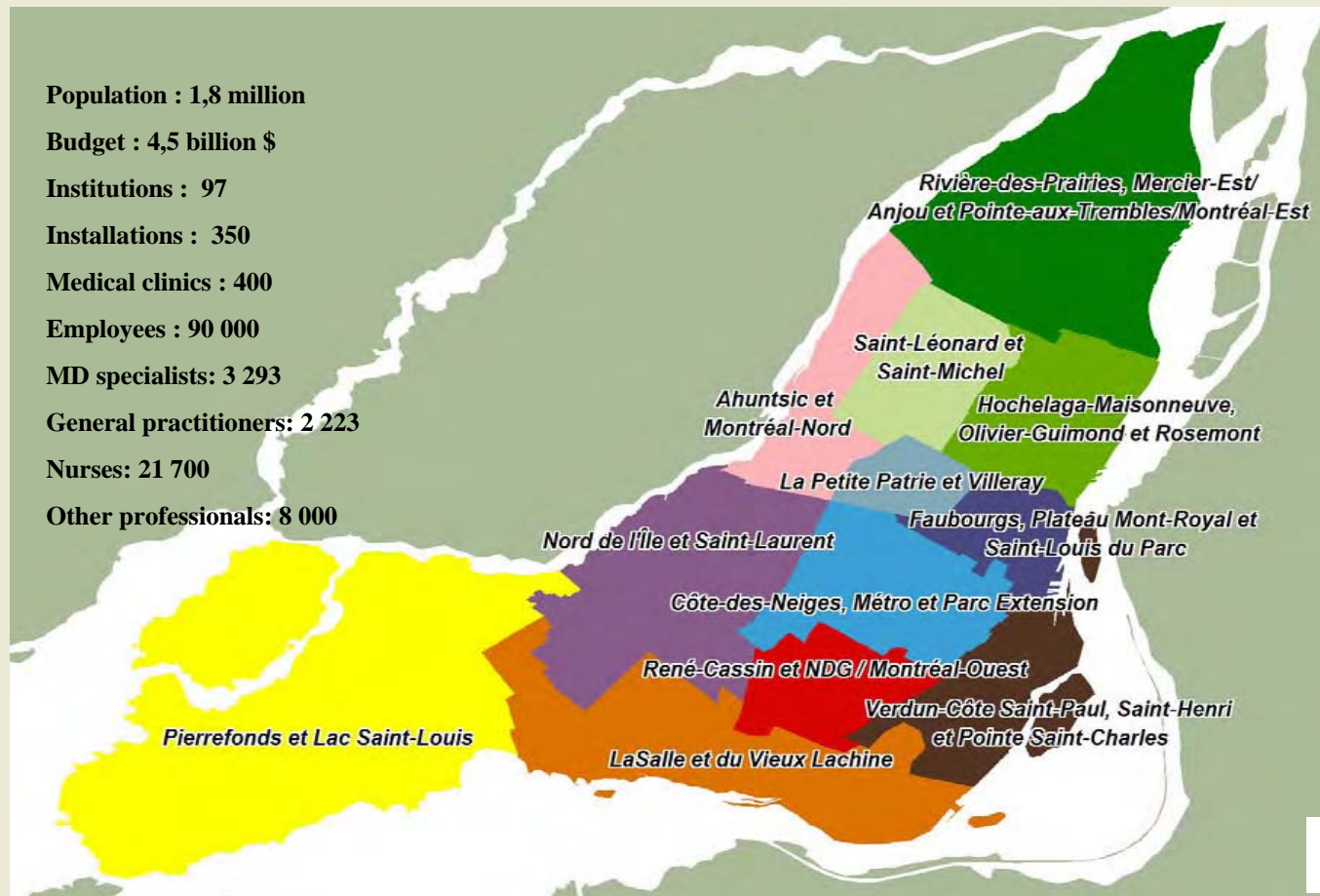
HSSC

- **12 HSSC in Montreal, 95 across Quebec**
- **Merger of local community hospitals, local community services centers, long term care centers and rehabilitation centers**

The Reform of Health and Social Services

Health and Social Services Centers

12 / 95 HSSC



The Reform of Health and Social Services

Health and Social Services Centers

HSSC

Mandate:

- **Improvement of health and well being of the population**
- **Manage the use of services by the population**
- **Manage the services offered by each HSSC**

The Reform of Health and Social Services

Health and Social Services Centers

HSSC

- **Responsibilities**

- To define the local organizational and clinical projects in each HSSC according to the particular needs of the population;
- To mobilize and assure the collaboration of the professionals, institutions and partners in the local health network;
- To organize and coordinate all services offered at the local level;
- To manage the human, material, financial, informational and technological resources made available;

The Reform of Health and Social Services

Health and Social Services Centers

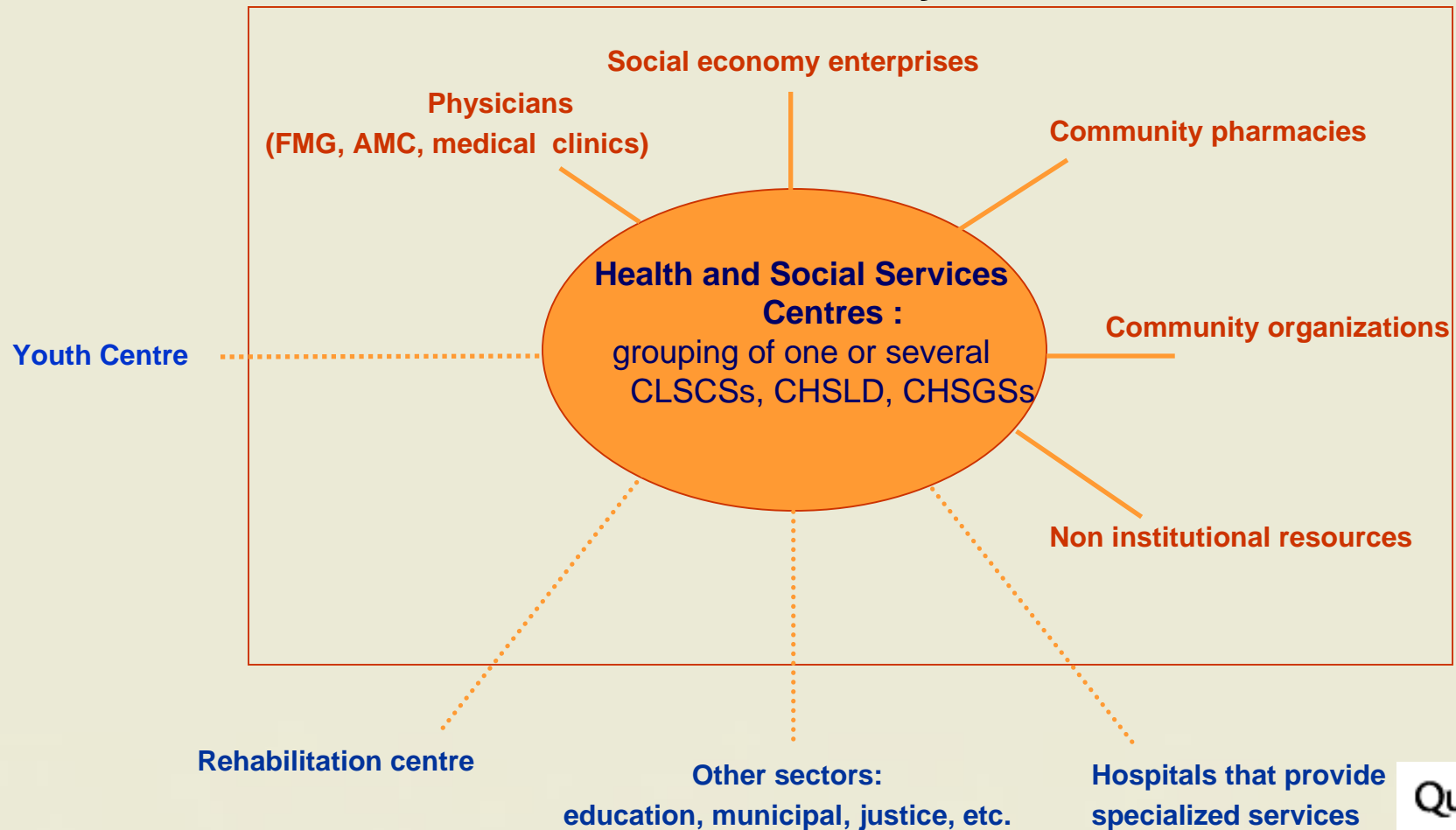
HSSC

- **Responsibilities** (continued)
 - To offer a portfolio of general and specialized services to their local population (coordination by service contracts);
 - To receive, evaluate and direct the population on their territory toward the services they require;
 - To take charge, to accompany, to help vulnerable patients to manage their health care needs;
 - To inform the population of their state of health and the services and programs available;
 - To insure the participation of the population in the management of their own health and well being and to measure the population's satisfaction

The Reform of Health and Social Services

Local Services Networks

Local territory



The Reform of Health and Social Services

Impact on Patients

Patients will:

- Know where to address their demands;
- Not have to repeat their history;
- Not have to repeat diagnostic tests;
- Not have to wait to move from one level of care to another;
- Be guided to the services they need through a managed care model;
- Have access to information concerning the quality of clinical services;
- Be able to make all appointments required through a unique agent;
- Be able to choose their primary care provider;
- In case of chronic illness, be contacted by their case manager for the tests, treatments, follow up required by their situation.

The Reform of Health and Social Services

The Impact on the Organization of Services

Financing by program – population based

General programs

General Programs

1. Public health
2. Primary care

Specific programs

1. Elderly
2. Physical handicap
3. Intellectually and serious behavioural problems
4. Youth in difficulty (0 à 17)
5. Dependence
6. Mental Health
7. Acute care

Management programs

1. Administration and support
2. Management of equipment and infrastructure

The Reform of Health and Social Services

The Impact on the Organization of Services (continued)

- **The clinical and organizational project**
 - A portrait of each local population (socio-demographic profile, socioeconomic profile, social health profile);
 - An objective to improve the health and well being of their population and be able to offer the required services based on the need of the population in concert with the Regional Health Authority;
 - A model of care that assures the organization of services in agreement with the members of the local network: “The continuum of care required by the population”.

The Reform of Health and Social Services

The Impact on the Organization of Services (continued)

- **The Integration of Services: Family Practitioner**

Two-pronged strategy :

- Family Practice Groups (FPG)
- Associate Medical Clinics (AMC)

Specific Medical Activities (SMA)

The Reform of Health and Social Services

The Impact on the Organization of Services (continued)

- **Family Practice Groups (FMG)**
 - Objective for Montreal 75 –100 FMG and 300 FMG across Quebec;
 - 8 to 12 doctors (FTE);
 - Registered clientele on a voluntary basis;
 - Complete spectrum of services including medical management of patients with or without appointment 7/7, 12h/weekday, 4h/weekends and holidays;
 - 70h/week nurse practitioners;
 - IS services;
 - Up to 500 000 \$ financial support.

The Reform of Health and Social Services

The Impact on the Organization of Services (continued)

- **Associated Medical Services (AMS)**
 - Objective for Montreal: 30-40 AMS, 1/50 000 population;
 - An already existing clinic, a regrouping of clinics, the physicians in a CLSC, a Family Practitioners Group (FPG) on a family practice unit;
 - The complete spectrum of primary medical services:
 - ✓ first line services including consultation with or without appointment,
 - ✓ open 365 days a year, 8 to 22h weekdays and 8 to 17h weekend and holidays, at least 50% of available physicians' hours for consultation with appointment.

The Reform of Health and Social Services

The Impact on the Organization of Services (continued)

- **Associated Medical Clinics (AMC)** (continued)
 - To provide medical on call 24/7 to vulnerable patients;
 - Must insure a role of coordination and liaison with the HSSC;
 - Must help to find a treating physician for all;
 - Must be able to provide access to diagnostic testing for emergency cases.

The Reform of Health and Social Services

The Impact on the Organization of Services (continued)

- **Specified Medical Acts (SMA)**
 - Required by all generalist physicians with less than 20 years of practice;
 - Each physician must provide 12h/week for SMA's;
 - Example of SMA's – medical on call for home care nursing home coverage, coverage in an AMC of extended hours, emergency room coverage, coverage of patients without a G.P. , coverage of acute hospital activity.

The Reform of Health and Social Services

The Regional Health Authority (RHA)

- **Mandate**

- The regional planning and strategic vision of the organization of health and social services;
- The mobilization of all the partners in health care delivery;
- Inter-regional coordination;
- The development and evaluation of Health and Social Services Centers;
- The coordination, mobilization and organization of local health network;
- The signing of management contracts with the Ministry;
- The signing of management contracts with the HSSC;
- Responsible for the management of all financial resources including capital expenditure.

The Reform of Health and Social Services

The Regional Health Authority (RHA)

- **Mandate** (continued)
 - Responsible for the evaluation of results and performance;
 - Responsible for the public health;
 - Responsible for the support needed in the organization of services;
 - Responsible for the management of IS resources;
 - Responsible for the certification, investigations and surveillance;
 - Responsible for the management of funding and accreditation of community organizations and accredited private resources.

The Reform of Health and Social Services

Integrated University Health Networks (IUHN)

- One per faculty of medicine
4 in Quebec: - McGill University
 - Université de Montréal
 - Université Laval
 - Université de Sherbrooke
- Includes all designated teaching hospitals (1 per IUHN), all affiliated teaching hospitals, all designated institutes, the faculty of medicine and the faculties of health sciences and the CEOs of the Regional Health Authority each IUHN is responsible for.
- Presided over alternately for 2 years period by each dean of Medicine or the Chief Executive Officer of the designated teaching hospital;

The Reform of Health and Social Services Integrated University Health Networks (IUHN)

Mandate

- Defining the corridors of specialised services for the Health and Social Services Centers across Quebec under their jurisdiction;
- Insuring medical coverage locally for the Health and Social Services Centers under their jurisdiction;
- Defining along with the CEOs of the Regional Health Authority the medical manpower plan for each region;
- Responsible for the evaluation of new technology;
- Each IUHN is under the responsibility of the Regional Health Authority where they are located. The Montreal Regional Authority is responsible for the McGill and Université de Montréal IUHNS.

The Reform of Health and Social Services

The next Step

- **Bill 83**

- Modification of the law on Health and Social Services in support of the new model of organization of care;
- Adjusting the responsibilities of the Ministry, the Regional Health Authorities, the Health and Social Services Centers and the remaining specialised institutions;
- Establishing the Integrated University Health Networks (IUHN) ;
- Certification of private residences for the elderly;
- Creating a complaints commissioner;
- New rules guiding the clinical data of patients

Thank You

ISBN 2-89510-223-6

Dépôt légal – Bibliothèque nationale du Québec, 2005

This document is available:

- At Service des technologies et de la diffusion de l'information
Phone (514) 286-5604
- On the Website of the Agency: www.santemontreal.qc.ca

Québec 