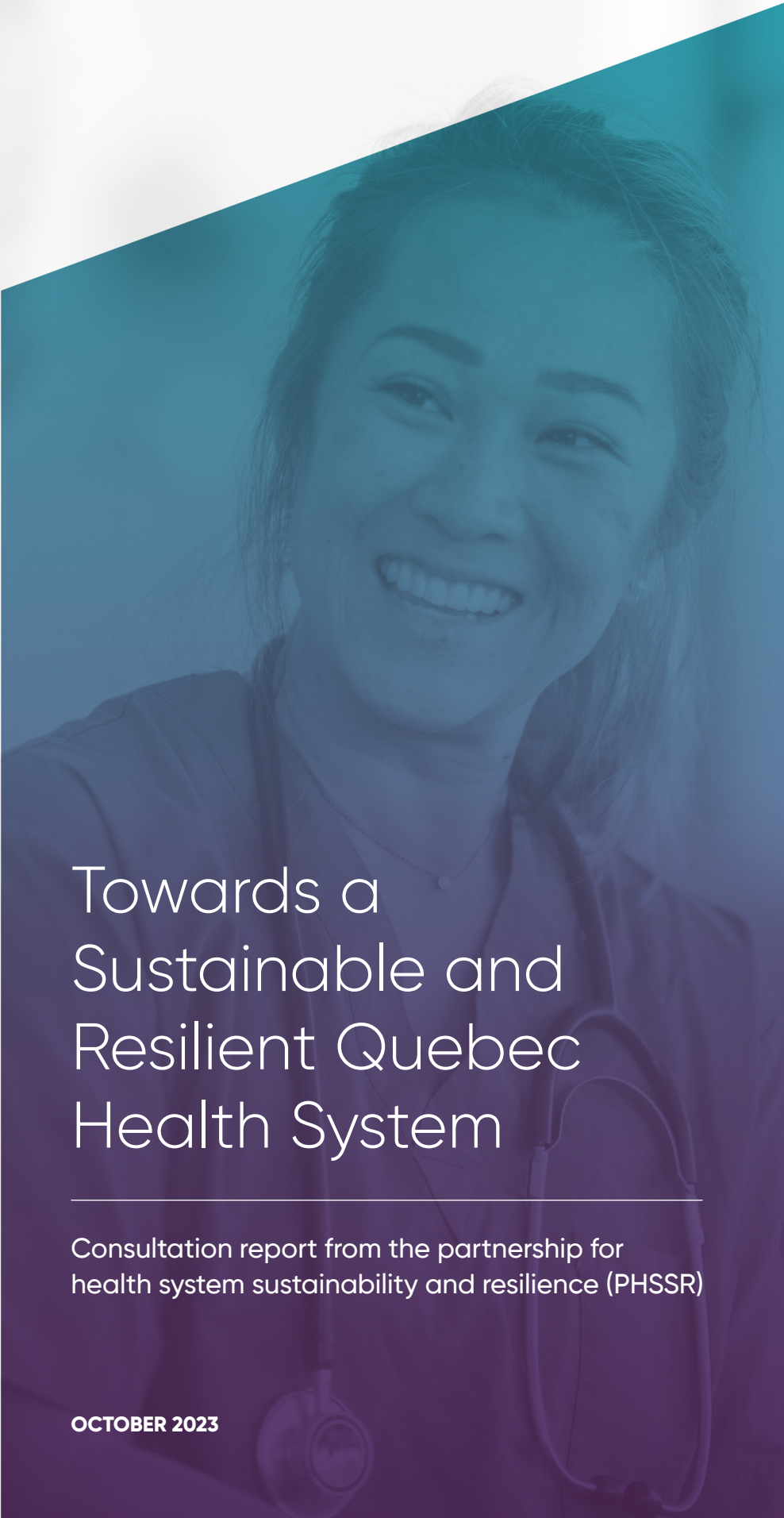




Partnership for

**Health System
Sustainability
& Resilience**



Towards a Sustainable and Resilient Quebec Health System

Consultation report from the partnership for
health system sustainability and resilience (PHSSR)

OCTOBER 2023

Message from the ambassadors

Mr. Christian Dubé

Minister of Health and Social Services

Dear Minister Dubé,

Enclosed is the PHSSR Consultation Report entitled *Towards a Sustainable and Resilient Quebec Health System*.

This report contains concrete recommendations to improve the health care network within the context of the major reforms that you have been undertaking since 2022. They are the result of virtual and in-person consultations which we undertook with a wide array of stakeholders from Quebec's health system in August and September of 2023.

The implementation of *Santé Québec* in the coming months presents several challenges as well as opportunities. Many groups had the chance to be heard or submit a brief during the specific consultations for Bill 15 but, to our knowledge, no cross-sectional, comprehensive discussion on this legislative pillar of your reform has taken place.

The PHSSR consultations held in Quebec have therefore provided several stakeholders the opportunity to reflect collectively on your reforms, which will have a significant impact on the system's governance and financing, the delivery of services and the population's health.

We hope that you will consider implementing these recommendations.

Sincerely,



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Introduction

Between August 10 and September 22, 2023, the Partnership for Health System Sustainability and Resilience – PHSSR launched a consultation process with stakeholders in the Quebec health system.

The goal: to find concrete solutions to the issues facing the health care system today in order to make it more sustainable and resilient.

Participants representing diverse perspectives expressed themselves during online and in-person activities. This report summarizes the consultation process and presents the recommendations that emerged from it.

Where did the initiative come from?

The PHSSR is an initiative that was established in 2020, in the middle of the pandemic, through the joint efforts of the London School of Economics, the World Economic Forum and AstraZeneca. It aims to develop evidence-based policy recommendations to improve the sustainability and resilience of health systems in a post-COVID world. It brings together academic, private, life sciences, healthcare and business organizations. Today, the PHSSR is active in over 30 countries.

The Canadian PHSSR team published its report in November 2022, under the supervision of Sara Allin, a professor at the University of Toronto. In Quebec, Ms. Amélie Quesnel-Vallée, Professor at McGill University and Dr. Antoine Groulx, Professor at Université Laval, edited the report.



We need to put the patient at the centre of our system, how we think about it, how we implement it, how we execute it, because fundamentally, a health care system is there to support the patient.

- Participant

It covers seven key domains:



governance



financing



workforce



medicines and technology



service delivery



population health and social determinants



system sustainability.¹

¹You can consult the report here: https://www3.weforum.org/docs/WEF_PHSSR_Canada_2022.pdf

However, health care in Canada remains primarily a provincial jurisdiction. As a result, it is vital to have a better perspective of the strengths and weakness of provincial health systems. Moreover, it is the ideal time to talk about resilience in Quebec's health system, given Health Minister Christian Dubé's proposed reforms. He first launched the *Plan pour mettre en œuvre les changements nécessaires en santé* (Plan to implement the necessary changes in healthcare) in March 2022 and then presented Bill 15 – An Act to make the health and social services system more effective, which is currently being studied in parliamentary committee at Quebec's National Assembly (autumn 2023). This bill proposes changes to the system's clinical and administrative governance and will lead, among other changes, to the implementation of the *Santé Québec* Agency. The PHSSR seized the opportunity to gather stakeholders working in Quebec's health care network to explore means of improving sustainability and resilience therein and make specific recommendations to the government.

Consultation approach

Online consultation

First, an online consultation took place from August 10 to September 15, 2023. Its main purpose was to encourage participants to start to think about the issue prior to the in-person discussion. It also served to express the opinions of those who were unable to attend the event in Montreal.



Three domains were presented to participants on the virtual platform, namely:

01

Health system governance

02

Service delivery and population health

03

Health system financing

Participants were asked six questions, two in each domain. The platform also allowed participants to interact with one another and the majority of users used that function to show their support for their peers' suggestions.

The comments that were gathered online subsequently fed the discussion held during the in-person workshop.

Discussion workshop

Second, the PHSSR organized a half-day workshop on September 22, 2023, at Montreal's Saint James Club. This event assembled around fifty specialists from various horizons: unions, patient associations, physicians, facility administrators, professional orders and many others. Health Minister **Christian Dubé** and Assistant Deputy Minister **Pierre-Albert Coubat** also attended the event to present an outline of Bill 15 and listen to participants' discussions.

The workshop was divided into three rounds of discussions, one per domain, providing participants with the opportunity to discuss a total of six questions. Each round began with a presentation of the theme, followed by a discussion in small groups of 6 to 8 people. Seating arrangements were made in advance to bring together a diversity of stakeholders at each table in an effort to promote debate and the sharing of different viewpoints. A person was present at each table to take notes to capture what was being discussed. Afterwards, one representative per table shared the general conclusions of the discussion with the rest of the room during a large group discussion.





What We Heard

For each domain explored, this section presents the context and questions put to participants as well as their main recommendations. Given the large number of participants and the richness of the discussions, the report is intended to be a synthesis of the exchanges rather than a summary of all of the elements proposed by the stakeholders. While all exchanges were noted, only the most frequently mentioned recommendations are listed below.

Domain 1

Health System Governance

In order to create a service that is more responsive to users, it is paramount to prioritize public and citizen participation in the health system governance process. It is equally essential for decision-makers to make well-informed and effective decisions. Thus, transparency must be heightened with regards

to decision-making processes, public reporting on health system performance, as well as mechanisms for seeking scientific counsel. In this way, citizens will have a real impact on the resilience and development of health systems.

Bill 15 includes a number of fundamental governance changes to Quebec's health system. That is the case, for example, with the provisions that will lead to the creation of a national users' committee and four other committees within *Santé Québec*, a new agency that will be tasked with coordinating system operations. Over the coming months, *Santé Québec*'s implementation will radically change the organization of Quebec's health system, particularly in terms of users' roles and the decision-making process. Given that context, the following two questions were fielded to participants:

- 1 What measures should the Government of Quebec put in place so that users are able to more effectively contribute to the system's governance, and why?
- 2 What measures should the *Santé Québec* Agency put in place to ensure transparency in the decision-making process, and why?

During the discussions, the notions of transparency and accountability among health services administrators were raised on several occasions. Participants underscored the importance of establishing better contact with users, patient partners and decision-makers at all levels. A certain lack of confidence in the network was expressed and increasing transparency and accountability was seen as a good starting point for establishing that trust. The complementarity and diversity among users and patient partners was raised (it is therefore insufficient to speak solely of users). The recommendations for this domain are based on these main principles.



One of the measures that would be important is local governance, it's decentralized decision-making, because the needs in the Gaspé peninsula, the Magdalen Islands and Montreal are not the same.

- Participant

RECOMMENDATION 1

Implement local governance involving users and patient partners



It is imperative to increase involvement among users and patient partners in the decision-making process and to enhance their roles within the context of governance. The national users' committee proposed in Bill 15 is a good way forward, but does not go far enough as it would only be effective at the *Santé Québec* level and does not include patient partners. It is therefore necessary to consider creating similar initiatives at levels that offer real proximity between system users and decision-makers.

In its current form, under Bill 15, the national users' committee would not be active in all of the bodies that could influence orientations. For the committee to have a real impact, it must include the patient partners and have an opportunity to formulate orientations and concrete recommendations that would be considered at several levels of policy implementation.

RECOMMENDATION 2

Enhance and clarify the role of new governing boards

As part of the new network governance model that will follow the adoption of Bill 15, governing boards will have roles that are limited and, for the moment, poorly defined. Indeed, for the time being, governing boards will be mandated with evaluating user satisfaction and act as grassroots mouthpieces within the organization. They should be able to formulate orientations and concrete recommendations for consideration by decision-makers. They must be truly engaged in decentralized local governance.

RECOMMENDATION 3

Avoid political appointments to Santé Québec's administration and create spaces for dialogue

In order to avoid *Santé Québec* orientations changing from one government to the next, ensuring that the system is as depoliticized as possible is of the utmost importance when it comes to users' trust in it. Thus, political appointments to *Santé Québec*'s administration would not be well received. It is essential that *Santé Québec* becomes an independent entity that reports to the National Assembly. The agency must also demonstrate transparency in its decision-making process and be accessible to stakeholders. It is therefore crucial to create local spaces for dialogue within *Santé Québec* which must not govern in a vacuum.

The example of Alberta was raised to illustrate the risks associated with political nominations in health care administration. Fifteen years ago, Alberta created an agency similar to *Santé Québec* whose administration is controlled by Alberta's Ministry of Health, thereby further restricting users' role within the system's governance.

RECOMMENDATION 4

Promoting a population-based approach

The population-based approach serves to refocus user needs by going beyond the treatment of illness. Indeed, this approach focuses on prevention and the promotion of well-being in addition to offering quality care. The population-based approach also means that services should be tailored to users' specific needs. To achieve this, the facilities, governing boards and user committees need to consult the greatest possible number of users. It is imperative to ensure that inclusion and diversity are part of the fabric of governance within the network, as well as within the regional establishments and facilities, in particular with patient groups, patient partners and the groups representing users that are historically underrepresented in these administrative bodies, such as Indigenous peoples and racialized populations.

An example from Ontario was raised several times. There, Ontario Health Teams provide a link between users and healthcare providers. This model of population-based administration ensures that everyone has access to care that is adapted to their particular situation.

Service Delivery and Population Health

The COVID-19 pandemic demonstrated the fragility of healthcare systems at all levels, and in particular in terms of access to primary health care. Access must be reformed in order to enhance accessibility for these services as well as related care such as preventive care, diagnostics, treatment and palliative care.

As part of Bill 15, Health Minister Christian Dubé proposes to entrust *Santé Québec* with the responsibility of implementing mechanisms for access to services (for example, user distribution and referral systems), thereby reinforcing the provision of primary care services.

Moreover, as part of the *Plan pour mettre en œuvre les changements nécessaires en santé* (Plan to implement the necessary changes in health care) the Health

Minister reiterated that prevention must be one of his priorities. In that respect, the second interministerial action plan *Politique gouvernementale de prévention en santé 2015-2025* (2015-2025 Government health prevention policy) has entered into its second phase and aims to reduce social inequalities that have an impact on health. Two questions were therefore put to participants:

- 3 **What access mechanisms should the Santé Québec agency put into place to improve access to primary care, and why?**
- 4 **What measures and concrete actions should the Government of Quebec finance and prioritize in the deployment of its governmental health prevention policy over the coming years, and why?**

Discussions held as part of this domain focused on improving the user experience and of the services to the population. All of the measures suggested below were put forward with the aim of simplifying patients' experience with the health system and making it more pleasant. As one participant noted, it is not the services as such that are the issue, as Quebec has cutting-edge technology and highly competent specialists. It is access to the system itself and navigation within it that makes the experience difficult for patients. By keeping the focus on the patient, several solutions are possible.

RECOMMENDATION 5

Measure users' global satisfaction through quantitative and qualitative performance indicators

Although the government already uses several indicators to measure the system's effectiveness and the services administered through it, they are mainly focused on the system's administration and performance processes. Consideration should also be given to users' global experience by allowing them to describe the good and bad aspects, analyze the information and offer solutions in a transparent, accountable manner. Several participants noted that the government used reduced emergency wait times or the number of users awaiting surgery as performance indicators, but that is not sufficient for evaluating a user's global experience during an episode of care. Therefore, we must use new qualitative and quantitative tools such as patient experience surveys which would make it possible to evaluate shortcomings in service delivery or celebrate high-performing units and learn from their best practices. Many participants wanted users to be able to share their opinions and recommendations for improving patient experience without necessarily having to go through the process of filing a complaint.

It was also suggested that these new indicators and data should be made available in the Health and Social Services Network's performance dashboard in order to ensure the transparency of results.



I would like to see a healthcare system that learns from itself, because improvement begins with measurement.

- Participant



RECOMMENDATION 6

Decomartmentalize access to primary care by integrating all health professionals and informing users of their options

For many participants, a family physician was not necessarily seen as the best health professional to respond to users' needs. Yet, patients often first turn to these specialists for care, which includes unnecessary visits to the emergency room.

Given the number of patients without a family physician and the wait times for consultations, decompartmentalizing access to primary care would be more optimal and would direct users to the right resources without necessarily having to go through a physician. This approach must include all healthcare professionals including nurses, psychologists, physiotherapists, pharmacists, nutritionists, midwives, etc. As one participant mentioned, professionals currently work in "condo" mode. They are in physical proximity to one another, but never actually in contact.



Having the right professional, at the right time, in the right place for the patient, that's what's going to take the pressure off the healthcare system.

- Participant

It is also necessary to encourage patients to acquire information about the various points of access, which are numerous for primary care, but sometimes remain unknown or are underused. The government deploys new services without adequate or ongoing promotion.

The government should therefore equip users to make the most appropriate choice for their situation so that they do not get lost in a maze of medical services. Initiatives are put into place in Quebec to orient patients toward other primary resources, such as the large-scale roll out of the *Guichet d'accès à la première ligne* (primary care access platform), the deployment of specialized nurse practitioner clinics and the enhancement of *Info-Santé* 811 services, including with *Info-Social* 811. That being said, there is still much work to be done so that the user has access to the right care at the right time by the right professional. For patients, the cost of information on the various primary care options is an obstacle when it comes to changing their habits. For example, even today, the majority of outpatient visits to the emergency room are for minor issues that could be treated in primary care.

Some participants suggested standardizing primary care clinic opening hours during evenings and weekends, including CLSCs which should be equipped with the necessary resources to do so.

RECOMMENDATION 7

Mobilize the entire network by hastening the expansion of healthcare professionals' areas of practice and providing greater support for community organizations

For years the government has been seeking to broaden various health professionals' areas of expertise. The Ministry of Health and Social Services and the *Office des professions du Québec* have undertaken a vast project to decompartmentalize a number of professions, but the work is taking a long time and some worry about delays given the Health Minister's busy legislative and political agenda, as well as those of the Minister responsible for the application of the Professional Code and laws governing professional orders, and the MSSS civil servants and legal experts working on Bill 15. Many healthcare professionals could quickly take steps to reduce pressure on the health system, but there are still many constraints and bureaucracy to overcome.

Participants also think that the Government of Quebec should offer additional support, funding and inclusion to community organizations working in several areas of the health network. In some cases, they can ensure user follow-ups and facilitate their wellbeing in the community before, during and after care, as well as help the government make some savings.

A number of participants also thought that healthcare professionals are not always informed about the community organizations that could help their patients or of the support or accompaniment services they can offer. Such is the case, for example, with perinatal organizations that help new parents, which are sometimes not well known by official network bodies. The community network and the regional establishment do not communicate with one another.

Broadening professionals' scope of action and integrating community services would also help to relieve overcrowding in primary care services by offering support to more users.



RECOMMENDATION 8

Develop an interministerial approach to improve population health

Participants believe that Quebec's different government ministries should work more closely to improve global population health, including the deployment of public policies that encourage prevention and healthy lifestyle habits. This responsibility must be shared and cannot rest solely on the shoulders of the Ministry of Health and Social Services. Despite the efforts made as part of the interministerial action plan for the *Politique gouvernementale de prévention en santé 2015-2025* (2015-2025 Government health prevention policy), participants thought that the ministries and ministers were not necessarily working together and that major discrepancies sometimes occur.

Indeed, several external factors have a significant impact on health, such as diet, living environment, urban planning, transportation and education to name but a few.

Participants recommended bringing representatives from different ministries together to implement various related measures which will enhance population health.

For example, it has been suggested that we should tax junk food, encourage the teaching of healthy eating and active lifestyle habits from daycare and throughout elementary school, as well as subsidize more affordable housing that is in good condition.



Financing the Health System

Following the conclusions of the two previous domains, it is apparent that the financing of health systems must be based on value, taxation and population needs. To achieve this, various initiatives must be rolled out by the government to ensure that it is able to meet the population's needs and innovate, as well as remain financially sound and accountable.

In Bill 15, the Minister of Health proposes to establish budgetary regulations and receive financial accountability from *Santé Québec* – a major shift whose impacts will be significant for health establishments and service programs. The Health Minister will be able to issue directives to *Santé Québec* (human resource management, budgetary and material administration) and require any report.

Lastly, the Government of Quebec continues to roll out patient-centred funding so that through their choices, patients can influence the allocation of resources and care delivery. The last two questions of the consultative process were therefore:

- 5 What are your proposals to make health system financing more resilient and sustainable?**
- 6 Other than patient-centred financing, how should the government make decisions about funding new programs, services and health care?**

The topic of health network financing generated lively discussions. As one participant mentioned, for the time being, the system does not offer enough incentives to encourage patients to move swiftly through the health system, as specialists benefit from various remuneration measures that encourage additional patient consultations. In fact, current incentives promote quantity rather than quality when it comes to healthcare services. While there are still undoubtedly details to be ironed out, participants were particularly supportive of the basic principles of patient-centred financing.

RECOMMENDATION 9

Plan budgets according to the population's real needs

The current system forces health network administrators to undertake various measures to control budget spending, a laudable objective. However, some historical habits or tactics used by administrators to justify funding should be reviewed. Ironically, this practice discourages administrators from optimizing their processes and reducing spending so that they can reinvest the amounts elsewhere. Moreover, access to some care, treatment and services can be restricted during the year in an effort to control spending. These methods are not optimal and do not serve taxpayers or health system users.

For example, surpluses are often spent unnecessarily at the end of the year to ensure that similar credits will be received the following year.

To be able to properly assess real financial needs, administrators must know which services have been used and whether they are still relevant.

It was suggested that the full costs of a trajectory of state-provided services for a user should be evaluated and compared whether the care is provided by a public or private establishment. In the interest of transparency, this information should be collated in databases of comparable quality and be made available to researchers.



Money comes from so high up that we don't know where it ends up down below.

- Participant

RECOMMENDATION 10

Promote innovation and share network successes

It is essential for any health system to perpetually innovate so that they can provide users with the best care possible. While access to the Quebec health system can sometimes be difficult, Quebec does offer quality care.

To maintain this standard, the government must encourage and promote innovation in Quebec. For example, several pilot projects are proving successful and demonstrating significant advances for patients, but these local success stories are not subsequently systematically deployed throughout the system or are only rolled out following significant delays.

Successes are not necessarily well known or shared among the highest levels within the health system, which limits broader deployment.

The province-wide deployment of the Guichet d'accès à la première ligne (primary care access platform) is a clear counterexample and deserves being emulated. Technically, the MSSS' Innovation Office would be tasked with rolling out promising practices, but we are still awaiting results.

We must also invest in reinforcing skills among professionals and students that are already active, particularly in the technological innovation sector. Encouraging current and future employees to develop their skills through new tools and investing in those who seek to push technology even further is an essential part of ensuring sustainability within the health system.





Other considerations

As is the case in any discussion, there was not a consensus on every point. A number of issues remain to be addressed within the context of Bill 15, but also in the broader context of improving resilience and sustainability within Quebec's health system. The two themes below generated more debate than the others and therefore remain important pieces of the puzzle.



Physician remuneration models and their status as self-employed workers

In the current model, the majority of physicians are mainly paid on a fee-for-service basis. While many participants see this as having its advantages, others noted several disadvantages – particularly in terms of the quality and appropriateness of the care provided to users. Bill 15 proposes to review the remuneration method, lending greater importance to capitation – a fixed income based on the number of users. Accountability among doctors as self-employed workers within the public health network remains up for debate.



The role of the private sector in the health system

Unsurprisingly, the role of the private sector in the healthcare system generated significant debate. For some participants, considering the delays incurred since the onset of the COVID-19 pandemic, the private sector could act as an important ally in reducing delays and pressure on the public network. For others, the private sector offer is a drain on public sector resources, particularly when it comes to human resources. Furthermore, it was noted that private establishments were not subject to provincial complaints processes, leaving users vulnerable to potential abuses. From a more global perspective, participants mentioned the lack of societal debate on the panoply of services covered by the public system.



Conclusion

By the end of the participatory process, ten concrete recommendations emerged from the online and in-person discussions in the following domains: governance, service delivery and population health, and financing.



IN TERMS OF GOVERNANCE

the notions of transparency and accountability guided the recommendations to increase trust in the government.



FOR SERVICE DELIVERY,

patient experience remains the dominant theme, with participants seeking to encourage the development of a more efficient health system that takes their specific needs into account.



IN TERMS OF FINANCING,

participants encouraged a value-based approach, with an optimization of the health system to avoid duplications and inefficient processes, while promoting innovation.

In spite of the diversity of participants and their perspectives, a final theme emerged: the desire to collaborate.

Participants answered the call to advance the discussion on healthcare and, despite their differences, were able to find common ground on several topics. Participants wanted a healthcare system that is equitable, state-of-the-art and accessible to all. In other words, a sustainable and resilient system. The recommendations made above pertaining to Bill 15 are a good start, and their implementation is eagerly awaited.



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