

BRIEF

SUBMITTED TO THE COMMITTEE ON PUBLIC FINANCE

February 2, 2024

Spending in service of a global and
sustainable vision of the public health
network



Foreword

The Fédération interprofessionnelle de la santé du Québec–FIQ represents 80,000 healthcare professionals in nursing and cardio-respiratory care, which includes the majority of nurses, licensed practical nurses, respiratory therapists and clinical perfusionists in Quebec health and social services institutions. Its strong foundation in the health network enriches its expertise, which is valued and recognized by decision-makers from all backgrounds. The FIQ represents healthcare professionals with diverse work experience who provide care across all areas of the health and social services network.

As first-hand witnesses of the healthcare system's daily operations, healthcare professionals see the effects of socioeconomic inequality on the population's health, as well as the sometimes-deplorable impacts of the decisions made at all levels of the political and hierarchical structure.

The FIQ is a labour organization with a nearly 90% female membership. Members are at once healthcare professionals, public and private network employees, and citizens who use these services. Through its orientations and decisions, the FIQ strives to protect social gains and to achieve greater equality and social justice. It defends the interests and concerns of its members and the population as it carries out this mission.

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The FIQ would like to remind the Ministry of Finance that it is currently in the process of negotiating a new collective agreement. In this context, the amounts allocated to improve working and practice conditions for healthcare professionals, whether related to sectoral matters or intersectoral matters, must be set out in the budget items.

Introduction

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Every year, the FIQ makes sure it participates in the pre-budget consultation process to influence investments in favour of its 80,000 members in the public health network. For the 2024-2025 budget, developed in a context overshadowed by a major health network reform and the negotiation of the healthcare professionals' collective agreement, the FIQ considers its budgetary expectations as a global, sustainable investment vision.

The health network is so severely weakened by the underfunding, structural reforms, and lack of managerial recognition for employees that it is no longer appropriate to solely discuss the *level of funding*, when the political and economic choices must also be addressed.¹

¹Anne Plourde, Myriam LAVOIE-MOORE and Guillaume HÉBERT. *Six remèdes pour révolutionner le système de santé au Québec*. IRIS. [Online] [[Six remèdes pour révolutionner le système de santé au Québec – Institut de recherche et d'informations socioéconomiques \(iris-recherche.qc.ca\)](https://www.iris-recherche.qc.ca/)]. In structuring its brief, the FIQ freely drew inspiration in part from a recent publication by the Institut de recherche et d'informations socioéconomique (IRIS) that proposes an alternative plan to the Health Plan.

Beyond the matter of increasing spending: reversing a trend

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The FIQ has always called for an increase in the minimum health and social services spending by more than 5%. At a time when Premier François Legault is promoting the concept of fiscal restraint, the FIQ is once again calling for this key demand. Moreover, according to the premier, a 5% to 6% annual increase in healthcare spending is necessary to avoid repeating the same old budget cut scenario.²

Recommendation 1

Increase public health network and social services spending beyond the system cost increase, i.e., by more than 6%, from a sustainable, long-term perspective.

² Mylène CRÊTE. *Legault et Ford réclament une hausse des transferts fédéraux en santé*, Le Devoir, [Online] September 10, 2020, [[Les transferts fédéraux en santé doivent être haussés, disent François Legault et Doug Ford | Le Devoir](#)].

Financially support the health reform to minimize its negative impacts

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This minimum growth in spending should also be increased over the next few years due to the unprecedented reform that the health network is about to undergo. The FIQ does not support the health network reform as set out in the *Act to make the health and social services system more effective*, but it firmly believes that to minimize the negative repercussions on patients and employees in the network, the reform must at least be supported by an increased budget that helps the transition and by a government reflection on funding critical budget items. It would be regrettable for the CAQ government to re-enact what its predecessors did: initiate a reform without ever properly funding its implementation. Just think of the outpatient shift in the 1990s, which never fully achieved its objective due to a lack of funding, and the 2015 reform carried out in a period of austerity which weakened the health network.

Recommendation 2

Add a specific item to the 2024-2025 budget to manage the change brought on by the *Act to make the health and social services system more effective* and support every step of the reform. This spending concerns both human resources and logistics (training, adaptation, information, tool production), as well as real estate and IT resources.

Healthcare spending: seeking balance between curative and preventive approaches

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TAKING ACTION ON SOCIAL DETERMINANTS: AN INTELLIGENT HEALTH INVESTMENT

In keeping with an approach that promotes a balance between the curative and preventive, the Federation believes that the government must invest more broadly to have a positive impact on social determinants of health (SDH). It has been demonstrated that to act on these determinants is to respond to 50% of the population's health condition.³

To deliberately choose not to invest in social determinants is to participate in the expansion of social inequality. This is even more true for women, especially those who are at the intersection of several types of oppression, including women who are Indigenous, racialized, immigrants, older, sexually diverse, in a situation of poverty, have a functional disability, or live outside of major urban centres. The right to health and equality is directly related to the adoption of government policies that act on social determinants of health. By taking preventive action, in collaboration with all partners, such as the Ministries of Labour, Social Solidarity, Education and Housing, we set the population up for better health and reduce the amount of care people need.

In 2021-2022, "barely 1.5% of the Ministry of Health and Social Services' (MSSS) spending program, i.e., less than \$500 million, was dedicated to public health, which is the main area responsible for developing and implementing prevention initiatives in the network. If we add the spending that could be considered for the front line, it comes to a total of 8 billion dollars, which represents 27% of the program's spending."⁴ (unofficial translation) For the same period, "the program's spending in these specialized sectors totals 21.8 billion dollars."⁵ (unofficial translation) There's a major gap there that needs to be filled.

To establish a balance, in line with the recommendations of the committees of inquiry on the health and social services network (RSSS) in recent years,⁶ in conjunction with the IRIS,⁷ the FIQ believes it is necessary to aim for a 50-50 distribution, i.e., 50% of the program spending

³ Anne PLOURDE. *En un graphique : les déterminants de la santé*, Billet, IRIS, [Online], December 15, 2020, [iris-recherche.qc.ca/blogue/sante/en-un-graphique-les-determinants-de-la-sante/].

⁴ Anne Plourde, Myriam LAVOIE-MOORE and Guillaume HÉBERT. *Six remèdes pour révolutionner le système de santé au Québec*, [Online], [[Six remèdes pour révolutionner le système de santé au Québec – Institut de recherche et d'informations socioéconomiques \(iris-recherche.qc.ca\)](#)].

⁵ *Ibid.*

⁶ *Ibid.*

⁷ *Ibid.*

in public health and the front line, and 50% in specialized medicine, hospitals, residences and rehabilitation.⁸

Recommendation 3

Take into account the 14 social determinants of health, as well as the demands of the community groups whose mission has an impact on SDH in government policies.⁹

Recommendation 4

Establish a 50-50 distribution, i.e., 50% of spending allocated to prevention in public health, mental health and the front line, including home care, and 50% to specialized medicine, hospitals, residences and rehabilitation.

INVESTING IN PREVENTION MEANS CUTTING COSTS

According to the FIQ, it is necessary to adopt a different vision from the current hospital-medical-centric one, which has been criticized for decades by stakeholders from all backgrounds. We must focus more on illness prevention and health promotion in all care settings. This is an expertise that healthcare professionals possess, and that the healthcare system doesn't currently utilize due to a lack of vision.

A survey¹⁰ conducted in 2023 among 9,663 healthcare professionals underscores just how much illness prevention and health promotion have been neglected in the health network. For example, only 55% of respondents said they did any education or health promotion on their last shift. The pairing of current government priorities and difficult working and practice conditions means that prevention opportunities are lost time and again. These are opportunities to promote public well being and to cut down on costly consultations and hospitalizations.

When the government chooses to invest very heavily in a curative approach and acute care, it is choosing to not fully utilize healthcare professionals' skills and to only serve one part of the population. Investing in prevention, including in public health, to maintain the population's physical and mental health, specifically for more vulnerable people, is absolutely key. Public

⁸Anne Plourde, Myriam LAVOIE-MOORE and Guillaume HÉBERT. *Six remèdes pour révolutionner le système de santé au Québec*, IRIS. [Online] [[Six remèdes pour révolutionner le système de santé au Québec – Institut de recherche et d'informations socioéconomiques \(iris-recherche.gq.ca\)](https://www.iris-recherche.gq.ca/)].

⁹CANADIAN PUBLIC HEALTH ASSOCIATION. *Social determinants of health*, [Online], [<https://www.cpha.ca/what-are-social-determinants-health>].

¹⁰FIQ – SOM. (2023). *Survey on care team composition and care omissions due to a lack of time*. Maximum margin of error for all respondents: 0.9% (level of confidence: 95%).

health measures affect all areas of citizen life and are essential to a global approach on social determinants of health, as well as to protecting health and preventing illness. Healthcare professionals can play an important role in vigilance and intervention because they are present in almost all care settings.

In 2024, it's evident: disease prevention and health promotion measures not only improve the population's health but cut down on costs and have the potential to boost the economy.¹¹ It is also reasonable to believe that they can reduce the huge overwhelm currently weighing on the health network. Government spending should reflect the fact that health is not solely the absence of illness, and it should better prepare Quebec to face future health events.

THE ESSENTIAL FRONT LINE OF CARE

Regarding front-line care, the FIQ believes that to improve care access, more attention should be focused on models based on the practice of nurses, licensed practical nurses and respiratory therapists. Initiatives like specialized nurse practitioner clinics or making it possible for CLSC nurses to prescribe certain care and medication, must be deployed. Furthermore, models in which patients have access to a professional responding to their front-line care needs (e.g., Archimède project, coopérative de solidarité SABSA) have been shown to have huge potential¹² for improving access to care and promoting health.

Recommendation 5

Financially support nursing and cardio-respiratory care initiatives that promote access to front-line care.

¹¹ OECD. (October 4, 2022). *Investing in health systems to protect society and boost the economy: Priority investments and order-of-magnitude cost estimates*, [Online], [<https://www.oecd.org/coronavirus/policy-responses/investing-in-health-systems-to-protect-society-and-boost-the-economy-priority-investments-and-order-of-magnitude-cost-estimates-abridged-version--94ba313a/>]. PUBLIC HEALTH AGENCY OF CANADA. (May 2009), *Investing In Prevention: The Economic Perspective. Key Findings from a Survey of the Recent Evidence*, [Online], [<https://www.phac-aspc.gc.ca/ph-sp/pdf/preveco-eng.pdf>]

¹² Amélie DAOUST-BOIVERT. *Des chercheurs démontrent l'utilité de SABSA*, Le Devoir, April 2016.

HOME CARE: GOING FROM WORDS TO ACTION ONCE AND FOR ALL

In 2024, home care is more essential than ever for meeting the population’s growing needs.¹³ As such, financial and human resources must be available to provide home care at a level that meets the population’s needs and to support caregivers. The majority of caregivers are women who sacrifice part of their physical, mental and financial well-being to support loved ones. The financial measures that specifically support them must be increased.

In its most recent report, the Health and Welfare Commissioner explained: “the home care support system depends on six financial programs [...] built without regard for complementarity or synergy to achieve common objectives” and this situation sets up “obstacles to offering integrated services and meeting demand.”¹⁴ (unofficial translation) Moreover, it has been shown that the percentage of spending on home care in healthcare spending went from 4% in 2003-2004 to barely 4.5% in 2021-2022, which means Quebec is one of the Canadian provinces that allocates the lowest amount of funding to home care.¹⁵ Residential care receives 62% of long-term care funding but only cares for 16% of patients, whereas home care receives 38% of funding and cares for 84% of patients.¹⁶ In parallel, while the public system meets nearly 100% of CHSLD needs [...], it only responds to 10.7% of home care needs.¹⁷ This is inconsistent with the economic logic demonstrating that home care costs the government a lot less than residential care. Home care underfunding primarily affects women who, as caregivers, must make up for the lack of care and services offered in the public network.

Recommendation 6

Develop a financial plan that will cover 40%¹⁸ of home care needs by 2040 and subsequently gradually increase the funding of budget items.

Recommendation 7

¹³ I. CRAIG. *C'est à domicile que les gens veulent demeurer...jusqu'à leur mort, si possible*, Tout un matin. [Online], June 18, 2020, [<https://ici.radio-canada.ca/ohdio/premiere/emissions/tout-un-matin/segments/entrevue/184300/vieillir-domicile-maison-soutien-vieillir-chez-moi-c-est-gagnant/>].

¹⁴ HEALTH AND WELFARE COMMISSIONER. *Bien vieillir chez soi tome 4 : Comprendre l'écosystème*, Sommaire exécutif, [Online], January 2024, [[Sommaire exécutif - Bien vieillir chez soi: tome 4- la transformation qui s'impose \(gouv.qc.ca\)](#)].

¹⁵ *Ibidem*.

¹⁶ *Ibidem*.

¹⁷ *Ibidem*.

¹⁸ 40% home care coverage is a target the FIQ has been asking for over the years. See: Guillaume HÉBERT. *L'armée manquante au Québec : les services à domicile*, IRIS, [Online], October 2017, [https://iris-recherche.qc.ca/wp-content/uploads/2021/03/Note_SAD_WEB_02.pdf].

Develop an attraction and retention strategy for staff in the home care sector¹⁹ and set up the appropriate funding.

MENTAL HEALTH: GOING FARTHER

Mental health care is also essential to public health, including the health of women in vulnerable situations, and could be better supported and funded. Healthcare professionals have an important role to play here. In mental health, not only do we have to ensure adequate access, but also access to relevant professional services. The financial measures in place must include funds to optimize referrals to healthcare professionals in the public network who can evaluate mental health problems and develop a collaborative care plan with various RSSS professionals. Mental health problems²⁰ generate 18 billion in annual costs in Quebec. The plan presented by Minister Lionel Carmant in 2022 was a step in the right direction, but insufficient. Increasing free access to psychotherapy would require major investments but would potentially generate substantial savings.

¹⁹ This recommendation stems from the previously mentioned report *Bien vieillir chez soi Tome 4* from the Health and Welfare Commissioner. It corresponds to recommendation 15 in the report.

²⁰ FORCE JEUNESSE. *Pour un accès universel à la psychothérapie*, [Online], July 2022, [https://forcejeunesse.qc.ca/wp-content/uploads/2022/08/FJ_Rapport_Acces-a-la-psychotherapie_VF_15aout.pdf].

Recommendation 8

Allocate up to 4.8 billion dollars²¹ to ensure free access to mental health services, including psychotherapy.²²

²¹ The funding necessary to ensure free access to psychotherapy varies over time between 1.1 and 4.8 billion dollars annually, depending on the coverage selected. Estimates predict that each dollar invested in psychotherapy would bring in two dollars.

H. DUCHAINE. *Un accès gratuit à la psychothérapie serait « plus rentable » que l'inaction en santé mentale*, Le Journal de Montréal, [Online], August 24, 2022, [\[https://www.journaldemontreal.com/2022/08/24/un-acces-universel-serait-4-fois-moins-cher\]](https://www.journaldemontreal.com/2022/08/24/un-acces-universel-serait-4-fois-moins-cher).

²² The cost for 20 sessions of psychotherapy annually is estimated at 4.8 billion dollars for people with psychological distress.

H. DUCHAINE. *Un accès gratuit à la psychothérapie serait « plus rentable » que l'inaction en santé mentale*, Le Journal de Montréal, [Online], August 24, 2022, [\[https://www.journaldemontreal.com/2022/08/24/un-acces-universel-serait-4-fois-moins-cher\]](https://www.journaldemontreal.com/2022/08/24/un-acces-universel-serait-4-fois-moins-cher).

The recruitment and retention of healthcare staff: a structural objective that should guide funding

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A LONG-TERM INVESTMENT: STAFF ATTRACTION AND RETENTION AND CARE TEAM STABILIZATION

Currently, the government is offering care at the expense of its workers. The deteriorating working conditions are the proof. The care service offer the government is proposing is not enough to meet the population's needs. The consequences of this deficient work organization (absenteeism, departures, etc.) is very costly for Quebec.

To put an end to the exodus of healthcare professionals and ensure full care services, it is urgent that we invest in better working conditions, better workforce planning, and gradually implement safe healthcare professional-to-patient ratios. In addition to substantially increasing the salary, it is necessary that we develop measures to limit the workload and improve work-personal life balance.²³

Given that it's currently in the process of renewing its members' work contract, the FIQ would like to reiterate the need to allocate sufficient funds in the budget to truly improving working and practice conditions for healthcare professionals. This includes as much intersectoral measures (remuneration, retirement plan, parental rights plan, regional disparities) as sectoral measures (organization of work, workload, personal life-work balance, etc.).

Recommendation 9

Provide the necessary budget items for renewing the healthcare professionals' work contract.

SAFE RATIOS, A GAUGE OF THE QUALITY AND SAFETY OF CARE

In addition to ensuring better work team stability and safer care, proper long-term workforce planning would allow for the gradual implementation of safe healthcare professional-to-patient ratios across the health network. The province has the funds²⁴ and it is urgent that the government better allocate the resources by prioritizing the safety and quality of patient care. That is when, according to the FIQ, safe ratios become an interesting option.

In other parts of the world, the benefits of safe ratios speak for themselves: healthcare professionals flock back to the public system, better staff retention, workforce stabilization

²³ The FIQ's work at the bargaining table with the government since November 2022 has been working toward these objectives. Several promising demands for healthcare professionals are being discussed and deserve the attention of decision-makers, along with appropriate funding.

²⁴ Anne Plourde, Myriam LAVOIE-MOORE and Guillaume HÉBERT. *Six remèdes pour révolutionner le système de la santé au Québec*, IRIS, November 13, 2023.

and overall service offer and care quality improvement. There's also a reduction in absenteeism since healthcare professionals gain a more balanced workload.

Last summer, the government of British Columbia collaborated with the biggest nurses' union in the province to gradually implement safe ratios in a three-year collective agreement. BC has the same problems as Quebec: difficulty attracting and retaining a workforce, an ageing population, an over-reliance on independent labour, etc. What's more, the province's health minister emphasized that ratios are *the main international practice*²⁵ for retaining nurses and providing quality health care.

This year, the BC government invested 0.4%²⁶ of its annual health budget in implementing ratios, and it plans to do this regularly, which, over time, will improve the overall service offer. Implementing ratios is not something that is done in a day, but with a global vision, some governments have given their healthcare systems a real chance to improve.

Recommendation 10

Allocate funding to gradually implement safe healthcare professional-to-patient ratios.

²⁵ Francis PLOURDE. *Victoria dévoile les détails de son accord de principe avec les infirmières*, Radio-Canada, April 4, 2023.

²⁶ CANADIAN INSTITUTE FOR HEALTH INFORMATION. Health spending, [Online], 2024, [<https://www.cihi.ca/en>].

Recommendation 11

Allocate funding to carry out effective workforce planning, both provincially and locally, within healthcare institutions.

OCCUPATIONAL HEALTH AND SAFETY PREVENTION: WAYS TO ATTRACT AND RETAIN WORKERS

Underfunding, negligence, and a lack of prevention in the workplace has real consequences. On that topic, in its annual statistics for 2022, the Commission des normes, de l'équité, de la santé et de la sécurité du travail (CNESST) reported specific data for the health and social assistance sector. The statistics on the distribution of files for open and approved employment injuries are extremely concerning. While there has been an uptick for several years, the number of work accidents has almost tripled in this sector, rising from 26,589 in 2021 to 74,517 in 2022.²⁷ These only include the accidents that were recognized and accepted by the CNESST, which doesn't give a full picture of the situation.

So, what is happening? The COVID-19 pandemic probably had a lot to do with it. Moreover, in 2022, women represented 76% of employment injuries related to COVID-19, and they make up the majority of the nursing workforce where risks are high.²⁸ Furthermore, these numbers hide important problems. While the data doesn't give us more information about the actual costs associated with work accidents in the health sector and their consequences, there is clearly a lack of prevention and adequate funding. It is high time that prevention in occupational health and safety be considered a valuable investment.

Investing in the development of a true culture of prevention is required in order to attract and retain public network staff. The deployment of the *Act to modernize the occupational health and safety regime* changes the landscape of prevention. The coming into force of prevention mechanisms in the health and social services sector, such as the health and safety committee, the prevention representative, and the prevention program, is an opportunity we must seize. However, it requires investments in time and human and financial resources in institutions. The FIQ believes it's all about attracting and retaining the workforce in a deleterious work environment. Unfortunately, physical and mental exhaustion is normalized in the network, and its impacts on healthcare professionals' availability and absenteeism are not taken seriously enough.

²⁷CNESST. [Online], [https://www.cnesst.gouv.qc.ca/sites/default/files/documents/statistiques-annuelles_0.pdf], p.114.

²⁸ CNESST. [Online], [https://www.cnesst.gouv.qc.ca/sites/default/files/documents/statistiques-annuelles_0.pdf], p.167.

Recommendation 12

Ensure the necessary funding for prevention and ensure a healthy and safe workplace for healthcare professionals to promote the attraction and retention of nursing and cardio-respiratory care staff.

INDEPENDENT LABOUR (IL): A POOL OF VITAL PROFESSIONALS TO BRING BACK TO THE PUBLIC SECTOR

Without repeating the multiple reasons why the FIQ denounces the systematic use of IL, one can't help but notice that its criticism and predictions at the time the bill was tabled to limit the use of IL are coming to pass.²⁹ Of course, with the coming into force of the *Act limiting the use of personnel placement agencies' services and independent labour in the health and social services sector* in April 2023, the government demonstrated that it understands the issue and that it wants to tackle it. However, it is now clear that the law has no teeth: there won't be a significant reduction in the use of IL in 2024. Instead, in December 2023 we saw a 2% increase in IL for the cardio-respiratory staff in the health network compared with the year before.³⁰ Moreover, the government launched calls for tenders for approximately 16 million hours of independent labour for the coming months that are renewable over a period of 33 months.³¹ The MSSS itself believes it will have a target of 18.2 million hours of IL for 2024-2025 alone.³²

²⁹ FIQ. *A necessary bill that skips over the essential*. [Online], March 2023, [https://www.fiqsante.qc.ca/wp-content/uploads/2023/03/Memoire_PL_no_10_Un_projet_de_loi_necessaire_qui_passe_a_cote_de_lessemtiel.pdf?download=1].

³⁰ MSSS. Dashboard. [Online] [<https://app.powerbi.com/view?r=eyJrjoiOTFmZjc4NzAtMTBkMS00OTE5LWE4YjQtZTIzOTc5NDZiNmZlIiwidCl6ljA2ZTFmZTI4LTVmOGItNDA3NS1iZjZjLWFIMjRiZTFhNzk5MjJ9>].

³¹ CENTRE D'ACQUISITION GOUVERNEMENTALE. *Appel d'offres gouvernementales sur la MOI*, October 31, 2023.

³² MSSS. *Plan stratégique du MSSS 2023-2027*, 2023.

However, government spending to fund private placement agencies is already enormous. In 2022-2023, the cost came to \$1,502,296,653.³³ Generally, the cost for a nurse from the private sector is two to three times higher than that of a public network employee (including benefits).³⁴ The law puts a cap on the hourly rate for agency staff, which should have reduced future costs for IL. However, these legislative measures aren't detailed enough to be dissuasive since private agencies find loopholes through a system of collusion.³⁵ This situation is inadmissible at a time when the public network's needs are so great.

Recommendation 13

Require the MSSS to be financially accountable for the deployment of the *Act limiting the use of personnel placement agencies' services and independent labour in the health and social services sector* and for the application of related regulations.

Recommendation 14

Reduce and limit the MSSS's budget for hiring IL in the health network.

³³ Héloïse ARCHAMBAULT. *Québec dépendant aux agences privées en santé: la facture explose en cinq ans et atteint 1,5 G\$,* Journal de Montréal, [Online], August 2023, [<https://www.journaldemontreal.com/2023/08/29/agences-privées-dans-le-reseau-de-la-santé--la-facture-atteint-15-milliard>].

³⁴ *Ibidem*.

³⁵ Tommy CHOUINARD and Christian PÉLOQUIN. « *Collusion* » *entre agences privées*, La Presse, [Online], [<https://www.lapresse.ca/actualites/2024-01-20/travailleurs-en-sante/collusion-entre-agences-privées.php>].

The one solution to increase public service funding: privatization

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Privatizing the healthcare system comes at a high cost to society. It is urgent that we put in the effort to put the money back where it should be, in the public health network.

Moreover, the Quebec government is currently deprived of \$42 million in federal health transfers because it is violating the *Canada Health Act* by letting too much of the private sector into its health system. The federal government reproaches Quebec in particular for its *tacit agreement to pay for private diagnostic services (MRIs, for example), due to a lack of sufficient coverage of these services within the public system and, as such, goes against the Canada Health Act*.³⁶ Among all Canadian provinces, Quebec has had the most money withheld because of how much it has grown the role of the private sector. Despite everything, Quebec Health Minister Christian Dubé has not planned measures to correct the situation and recuperate some of the funding.³⁷

Recommendation 15

Implement the measures necessary to correct the violations of the *Canada Health Act* by privatizing private diagnostic services and recuperate the 42 million dollars withheld.

ACT TO MAKE THE HEALTH AND SOCIAL SERVICES SYSTEM MORE EFFECTIVE: ACCELERATING THE PRIVATIZATION OF THE HEALTH NETWORK

The goal of privatizing the health network didn't first appear with the *Act to make the health and social services system more effective* passed at the end of 2023. However, the reason for creating Santé Québec is to massively increase access to legal levers to accelerate the privatization of the public network without any ministers having to bear the brunt of it. Moreover, from now on, Santé Québec can offer health services either through public institutions, or indirectly through private institutions or providers.³⁸ This integration of the service offer via the public and private has never been seen in Quebec before. Yet, several studies show that investors require a minimum 10% to 15% return on their investments for

³⁶ Marco LAVERDIÈRE. *Le cheval de Troie est peut-être ailleurs*, [Online], April 11, 2023, [<https://www.ledevoir.com/opinion/idees/788631/idees-projet-de-loi-15-le-cheval-de-troie-est-peut-etre-ailleurs>].

³⁷ Marie VASTEL. *Diagnostics facturés. Ottawa retranche 42 millions à Québec*, Le Devoir, [Online], March 10, 2023, [<https://www.ledevoir.com/politique/canada/784831/ottawa-retranche-42-millions-a-quebec-pour-les-services-diagnostiques-factures-en-sante>].

³⁸ Marie-Claude PRÉMONT. *Vers la consécration du privé en santé avec la réforme Dubé*, Le Devoir, [Online], January 23, 2024, [<https://www.ledevoir.com/opinion/idees/805792/systeme-sante-vers-consecration-prive-sante-reforme-dube>].

for-profit institutions – a requirement that obviously doesn't exist for not-for-profit and public institutions.³⁹

Recommendation 16

Impose budget guidelines on the Santé Québec agency to limit the use of private health care and service providers.

DEPRIVATIZE THE FRONT LINE

For decades now, the government has been prioritizing a front-line care service offer through private sector providers. Family medicine group owners are not benefactors who serve the population. They are investors and their objective is to make profits like any private company. This capital is accumulated with government funding: in addition to fee-for-service payment for the physicians who work there, FMGs also receive impressive additional funding.⁴⁰

³⁹ Andrew LONGHURS. *Improve the public system instead of privatization: Solution series part III*, Canadian Health Coalition, [Online], April 4, 2023, [<https://www.healthcoalition.ca/improve-the-public-system-instead-of-privatization-solutions-series-part-iii/>].

⁴⁰ Funding to help start the FMG (up to \$5,000 one time); layout of the FMG, including help to refurbish offices to integrate administrative and professional resources granted (up to \$40,000 one time); FMG operations, including the hiring and remuneration of administrative staff, purchasing furniture, the cost of renting required spaces, IT services for the FMG, etc., a pharmacist's services (between \$21,813 per year for a level 1 FMG and \$141,675 for a level 12 FMG)

Anne PLOURDE. *CLSC ou GMF? Comparaison des deux modèles et impact du transfert de ressources*, IRIS, [Online], 2017, [https://iris-recherche.qc.ca/wp-content/uploads/2021/03/Note_CLSC_02.pdf].

FMOQ. *Programme de financement et de soutien professionnel pour les groupes de médecine de famille (GMF)*, [Online], April 2021, [https://fmoq.s3.amazonaws.com/pratique/organisation-de-la-pratique/gmf/20MS10023_Programme_GMF_20210423.pdf].

The Auditor General of Québec revealed that FMG funding costs had increased by 70% between 2014-2015 and 2016-2017.⁴¹ This increase is funded by the health budget envelope. This money could be invested directly in the public network, in CLSCs, new SNP public clinics, or both.

The FIQ is happy to see that specialized nurse practitioner clinics are mainly being set up in CLSCs. The 23 additional clinics announced are like new doorways to front-line care in Quebec that utilize the expertise of healthcare professionals on a public front line. However, the financial measures that come with these future clinic deployments must be commensurate with the government's ambitions.

The grievances of the SNPs who recently quit the clinic associated with the CIUSSS de l'Est-de-l'Île-de-Montréal focused on: the lack of material to evaluate patients, basically inexistent clinical support, difficult management of the employee team and lack of staff stability.⁴²

All of these things can be attributed to a lack of administrative, clinical and financial support for these projects, as much for the funding of stable positions, working conditions for healthcare professionals, and available material.

Recommendation 17

Review the FMG management framework to reduce the funding of their private operations and transfer this money into the operating budget of CLSCs and public SNP clinics.

COST OF SURGERIES IN THE PRIVATE SECTOR

One cannot discuss the costs private sector contracts without discussing the matter of surgeries delegated to specialized medical centres (SMC). In April 2023, a study showed that surgeries in private clinics cost up to 150% more than in the public sector.⁴³ Between 2022 and April 2023, private clinic owners were paid a total of 200 million dollars for 162,000

⁴¹ Amélie DAOUST-BOISVERT. *Les GMF recevront deux fois plus par patient*, Le Devoir, May 14, 2016. Dans Anne PLOURDE. *CLSC ou GMF? Comparaison des deux modèles et impact du transfert de ressources*, IRIS, [Online], 2017, [https://iris-recherche.qc.ca/wp-content/uploads/2021/03/Note_CLSC_02.pdf].

⁴² Fanny LÉVESQUE. *Les deux seules IPS à temps plein claquent la porte*, La Presse, [Online], December 1, 2023, [<https://www.lapresse.ca/actualites/sante/2023-12-01/premiere-clinique-d-infirmieres/les-deux-seules-ips-a-temps-plein-claquent-la-porte.php>].

⁴³ Jean-Louis BORDELEAU. *Jusqu'à 150 % plus cher pour une chirurgie au privé*, Le Devoir, [Online], [<https://www.ledevoir.com/societe/789652/sante-jusqu-a-150-plus-cher-pour-une-chirurgie-au-prive>].

surgeries.⁴⁴ According to data reported by Radio-Canada, in 2023, a dozen health institutions outsourced over 600,000 medical procedures to the private sector over the next five years, for nearly 500 million dollars.⁴⁵

Approximately 20% of surgeries in Quebec are done in SMCs. This shows that the government has a strong desire to keep going in this direction, which has a major impact on public spending. With the greater integration between public institutions and SMCs, allowed through the *Act to modify the organization and governance of the health and social services network*, the situation will only get worse.

Recommendation 18

Impose guidelines on the Ministry of Health and Social Services and, eventually, on the Santé Québec agency, regarding spending on surgeries outsourced to private providers.

UNIVERSAL AND COMPLETELY PUBLIC PRESCRIPTION DRUG INSURANCE

The cost of medication and its portion of health spending, as much for the government as for citizens, keeps growing. Quebecers pay some of the highest prices for medication among countries in the Organisation for Economic Co-operation and Development (OECD).⁴⁶ Unfortunately, this higher cost is not synonymous with better access to medication for the whole population. The access is inequitable due to the hybrid public-private Quebec plan. The Quebec government has the power to negotiate fairer prices for medication due to the sheer volume it acquires. However, private drug plan insureds are paying often unreasonably inflated prices. With a universal insurance plan for which the government is the sole payer, the whole population would benefit from these savings. All this to say that the hybrid Quebec plan, with its ineffective and inequitable operations and overly high spending, must be reviewed.

⁴⁴ Fanny LÉVESQUE. *Les chirurgies au privé ont coûté 200 millions*, La Presse. [Online] [<https://www.lapresse.ca/actualites/sante/2023-04-25/pandemie/les-chirurgies-au-privé-ont-coute-200-millions.php>].

⁴⁵ Daniel BOILY and Davide GENTILE. *Des contrats d'une valeur record d'un demi-milliard pour des cliniques privées*, Radio-Canada, [Online], August 29, 2023, [<https://ici.radio-canada.ca/nouvelle/2006571/quebec-contrats-records-cliniques-privées-sante>].

⁴⁶ CHARBONNEAU, GAGNON, et al. \$1,087 in Quebec; \$912 in the rest of Canada; \$603 for the OECD median (year 2014), *Le régime public-privé d'assurance médicaments du Québec, un modèle obsolète?* Note socioéconomique, IRIS, 2017, p. 5.

Setting up a universal, public drug plan would achieve this dual objective to have a strong viable and more equitable plan. It's the choice that all other OECD countries that have a public health system made and which have lower prescription drug costs than in Quebec.

Recommendation 19

Set up a public, universal drug insurance plan to reduce the ever-increasing costs of and improve access to medication.

Gender-based analysis plus (GBA+) and progressive tax: safeguards for equality and access to health services

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The FIQ is a 90% female organization that is resolutely feminist. It is therefore essential to reiterate the importance of applying a GBA+ lens to truly promote gender equality and equality among women. Used since 1997, and integrated since into the Status of Women's secretariat strategies, this type of analysis is not used enough, which makes women's reality invisible as patients and members of the RSSS staff. Indeed, women are the primary users⁴⁷ of the RSSS as patients, but also as people in charge of their loved ones' care (58% of caregivers are women).⁴⁸

Furthermore, underfunding the RSSS is part of neoliberal governments' tendency to devalue and control women's work. Rigorous application of the GBA+ enables us to identify how people feel the impact of public policies. Workers suffer from work overloads, lack of professional independence, and an obligation to do overtime, which causes burnout and waves of staff resignations. These consequences also stem from public policies that break apart the social network and the right to health and equality.

Applying the GBA+ sheds light on social and identity factors that likely create discrimination and accentuate gender inequality and inequality among women. The most recent Oxfam report on this topic is overwhelming. Inequality is growing and societal gaps are reaching unprecedented levels. "For the poorest people, who are more likely to be women, racialized peoples, and marginalized groups in every society, daily life has become more brutal still."⁴⁹

The FIQ demands that the Ministry of Finance analyze its budget through a GBA+ lens because it firmly believes that it will show that the break down of the public health and social services network will hurt women first, as primary users and employees, which is inadmissible.

Recommendation 20

Respect the commitment to conduct a gender based analysis plus of the Quebec budget.

Women, as patients and healthcare professionals, pay a high price for decision-makers' choices. The public health and social services network was, and must continue to be, a tool to achieve equality and redistribute collective wealth. The right to equality and to health is at stake.

⁴⁷ NON AUX HAUSSES. *La privatisation du système de santé*, [Online], [<https://www.nonauxhausses.org/wp-content/uploads/privatisation-femmes-LR.pdf>], (Consulted January 22, 2024).

⁴⁸ COUNCIL ON THE STATUS OF WOMEN. *Proche aide*, [Online], [https://csf.gouv.qc.ca/wp-content/themes/csf2017/microsites/proche_aidance/Page_Info.php?p=2], (Consulted January 22, 2024).

⁴⁹ OXFAM. *Inequality Inc.*, [Online], [https://issuu.com/oxfamca/docs/inequality_inc_2024_report_en], (Consulted on January 22, 2024).

That said, we must go get the funds from the source. The FIQ firmly hopes that the government will not make the same fiscal mistakes as in recent years, guided by uninhibited electoralism rather than a rigorous vision of public finances. Anti-inflation cheques and targeted tax cuts that don't benefit the part of the population that need them the most are some key examples. It is time to be bold and overhaul the Quebec tax system to make it more progressive and stricter on the wealthiest.

Recommendation 21

Overhaul Quebec's tax policy to introduce a more progressive tax system based on the contributions of the wealthiest taxpayers and on the profits of large corporations, and to step up the fight on tax havens within the Quebec government's areas of jurisdiction.⁵⁰

⁵⁰ Raphael LANGEVIN. *Hausser l'impôt des plus riches : des bénéfiques qui dépassent les inconvénients*, [Online], April 2021, [https://iris-recherche.gc.ca/wp-content/uploads/2021/04/Fiscalite_des_plus_riches.pdf].

ZONE ÉCONOMIE. *Quel est le pouvoir du Québec pour lutter contre les paradis fiscaux?*, [Online], September 15, 2016, [<https://ici.radio-canada.ca/info/videos/media-7595432/quel-est-le-pouvoir-du-quebec-pour-lutter-contre-les-paradis-fiscaux>].

Conclusion

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The RSSS is in its current state because of political choices and not because of a lack of financial means. As demonstrated, Quebec has the collective means to make a major shift in its health system, which is on the verge of an enormous reform. It is high time we reverse a heavy trend and invest where we will get the greatest return in the long run: prevention, the front line for mental health, home care, public health, and all while taking action directly on social determinants of health. Network privatization is at the source of both illogical and baseless spending. While the Ministry of Health and Social Services has lost control, it is time for the Ministry of Finance to impose guidelines and control the spending in the private sector.

The FIQ believes the RSSS needs to be overhauled, taking into account the expertise of healthcare professionals and the needs of the population in a democratic and progressive fashion. The RSSS will not become more effective with a structural reform but rather through the recognition of the expertise of healthcare professionals and the quality of care they are able to provide.

Recommendations

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Recommendation 1

Increase public health network and social services spending beyond the system cost increase, i.e., by more than 6%, from a sustainable, long-term outlook.

Recommendation 2

Add a specific item to the 2024-2025 budget for managing the change brought on by the *Act to make the health and social services system more effective* to support every step of the reform. This spending concerns both human resources and logistics (training, adaptation, information, tool production), as well as real estate and IT resources.

Recommendation 3

Take the 14 social determinants of health into account, as well as the demands of the community groups, whose mission has an impact on SDH in government policies.

Recommendation 4

Establish a 50-50 distribution, i.e., 50% of spending allocated to prevention in public health, mental health and the front line, including home care, and 50% to specialized medicine, hospitals, residences and rehabilitation.

Recommendation 5

Financially support nursing and cardio-respiratory care initiatives that promote access to front-line care.

Recommendation 6

Develop a financial plan that will cover 40% of home care needs, by 2040, and subsequently gradually increase the funding of budget items.

Recommendation 7

Develop an attraction and retention strategy for staff in the home care sector and set up the appropriate funding.

Recommendation 8

Allocate up to 4.8 billion dollars to ensure free access to mental health services, including psychotherapy.

Recommendation 9

Provide the necessary budget items for renewing the healthcare professionals' work contract.

Recommendation 10

Allocate funding to gradually implement safe healthcare professional-to-patient ratios.

Recommendation 11

Allocate funding to carry out effective workforce planning, both provincially and locally, within healthcare institutions.

Recommendation 12

Ensure the necessary funding for prevention and ensure a healthy and safe workplace for healthcare professionals to promote the attraction and retention of nursing and cardio-respiratory care staff.

Recommendation 13

Require the MSSS to be financially accountable for the deployment of the *Act limiting the use of personnel placement agencies' services and independent labour in the health and social services sector* and for the application of related regulations.

Recommendation 14

Reduce and limit the MSSS's budget for hiring IL in the health network.

Recommendation 15

Implement the measures necessary to correct the violations of the *Canada Health Act* by deprivatizing private diagnostic services and recuperate the 42 million dollars withheld.

Recommendation 16

Impose budget guidelines on the Santé Québec agency to limit the use of private health care and service providers.

Recommendation 17

Review the FMG management framework to reduce the funding of their private operations and transfer this money into the operating budget of CLSCs and public SNP clinics.

Recommendation 18

Impose guidelines on the Ministry of Health and Social Services and, eventually, on the Santé Québec agency, regarding spending on surgeries outsourced to private providers.

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