



FÉDÉRATION
INTERPROFESSIONNELLE
DE LA SANTÉ DU QUÉBEC

FIQ Montréal | Siège social
1234, avenue Papineau, Montréal (Québec) H2K 0A4 |
514 987-1141 | 1 800 363-6541 | Téléc. 514 987-7273 | 1 877 987-7273 |

FIQ Québec |
1260, rue du Blizzard, Québec (Québec) G2K 0J1 |
418 626-2226 | 1 800 463-6770 | Téléc. 418 626-2111 | 1 866 626-2111 |

fiqsante.qc.ca | info@fiqsante.qc.ca

Montréal, April 12, 2016

To all union representatives,

Last February 24, in a notice published in the *Gazette officielle*, the Minister of Health and Social Services informed the population of Québec of his intention to set up a pilot project to introduce the 3rd part of his reform, procedure-based funding. This new method of funding the healthcare institutions, based on the costs of the care episodes, will transform the way the institutions have been funded since the creation of the public healthcare system. This pilot project essentially aims to determine the costs of the care episodes linked to one-day surgeries and scope procedures. The Minister of Health will offer patients on the surgical waiting lists of certain CISSSs/CIUSSSs to have their surgery done by their surgeon at an institution other than the public institution of origin.

Alleging that it is not possible to obtain the relevant and reliable information related to the costs of care episodes in the operating rooms of the public institutions, the Minister has chosen to install this in three private surgical clinics in the Greater Montréal area. Thus, the *Chirurgie Dix30 inc.*, *Centre de chirurgie RocklandMD* and *Groupe Opmedic inc.* clinics will take patients from the public system and use this opportunity to generate profits.

Below, you will find the comments of the FIQ sent to the Minister of Health and Social Services on April 7.

SP/DT/SM



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Montréal, April 7, 2016

BY EMAIL
ministre@msss.gouv.qc.ca

Mister Gaétan Barrette
Minister of Health and Social Services
Catherine-de-Longpré Building
1075 Sainte-Foy, 15th floor
Quebec City (Québec) G1S 2M1

Subject: Comments of the *Fédération interprofessionnelle de la santé du Québec – FIQ* on the conditions for the setting up, by the Minister of Health and Social Services, of an experimental project for comparing the costs linked to surgeries and scope procedures between the public health and social services network and the *Chirurgie Dix30 inc.*, *Centre de chirurgie RocklandMD* and *Groupe Opmedic inc.* clinics

Mister Minister,

A notice was published in the *Gazette officielle du Québec* on February 24 last, under the third paragraph of section 434 in an Act respecting health services and social services (LSSSS)¹, on the intention of proposing to the government the setting up of an experimental project to compare the costs linked to the surgeries and the scope procedures between the public health and social services network and the *Chirurgie Dix30 inc.*, *Centre de chirurgie RocklandMD* and *Groupe Opmedic inc.* clinics.

At first glance, this notice lays the foundation for the next step in a reform of the health and social services network already well underway, by proposing the implementation of procedure-based funding. Although a demonstration of the beneficial effects of this type of funding has yet to materialize, the minister's objectives, themselves, are very real and go a lot further than a simple revision of the method of funding. In fact, the FIQ is appalled with the minister's opportunism which, under the cover of undertaking the third level of his reform, claims to compare the costs of one-day surgeries in the public institutions by measuring them to private clinics.

¹ Act respecting health services and social services. Q.L.R., c. S-4.2

For the Federation, this orientation falls within the wake of the recommendations in the Robillard report tabled last August. According to this report, the carrying out of the ongoing revision of the programmes requires respecting certain conditions, in particular those like a transparent, strategic and innovative government, that the funding of a new programme be evaluated based on the type of service providers, whether they are public or private.

In this respect, the Federation considers the experimental project as an undertaking of privatization of care delivery. This project is destined, not to better respond to the needs of the population, but instead to provide benefits to the owner physicians of the private clinics which have been, in addition, selected by the minister himself. The FIQ is seriously questioning the reasons motivating the privatization of one-day surgeries. Contrary to the ministerial claims, the FIQ fears that the objective of this pilot project is not to increase the surgical capacity of the public network. In fact, the goals at the end of this pilot project appear instead to be a market study destined for the private clinics in the future which would like to invest in a niche recognized as being very lucrative.

Furthermore, with the legalization of incidental expenses, the development of private clinics becomes an even more attractive market. While some believe the amount billed to patients to be 50 million dollars a year, this supplemental revenue would be a nice option for the owner physicians who cannot obtain this money when they practise in the hospital network. For the FIQ, this new regulation introduces a two-tier healthcare system where the patients' ability to pay trumps the universality and accessibility of health care and services.

Moreover, is it to try and silence the dissident voices that the minister is once again going ahead with a major transformation of the health and social services network without any real public consultation? This modus operandi comes in handy when it is a question of presenting a partial and piecemeal vision of a reform the sweeping changes of which are just starting to be felt. At what point in time does the minister intend to invite the population to participate in this major public debate?

In reading the notice, the minister could clearly not resist the lure of allocating himself even greater power. As he has done previously with the reform on the governance and the organization of the health and social services network, when all is said and done, the minister is running the project by himself. In addition to having chosen the private clinics privileged to receive the patients – clients in sufficient numbers to ensure a return on the investment for the owner physicians, the minister is very careful to determine the procedures for which the costs will be the subject of an evaluation, the order in which these procedures will be evaluated and the period during which this evaluation will take place.

It is difficult for the FIQ to believe that the only way to increase the public network's surgical capacity and to reduce the waiting lists is to use privatization. If we look at the recent private contract by the Logibec firm, there is serious room for doubt about the real intentions of the minister on the goal of this experimental project.

Even if the minister dismisses an even greater openness to the privatization of health care, his denial is not enough to camouflage the proof. How can they not see the high risk of conflict of interest when the government itself intends to fund these private clinics with public money to care for patients who could be cared for in the public network? The FIQ also deplores the minister's deceptive and misleading statements; particularly when he tries to be reassuring by advancing the idea that because the private clinics are publicly funded, they can be compared to a public institution.

The Federation is also concerned with the lack of transparency by the Minister of Health on the issue of profits for the private clinics selected by the minister for this project. Indeed, at the press conference held on February 23, the minister never mentioned that the private clinics would have a profit margin from participating in the project. So, as of the next day, in the notice published in the *Gazette officielle du Québec*, we find an explicit statement stipulating that the clinics will be funded by the State for the expenses related to the production of the services required and that they would also receive a "profit margin"². Questioned by the official opposition, the Minister of Health finally admitted that he had provided a profit margin to compensate the selected clinics in order that they implement the pilot projects. Consequently, he committed to negotiating a maximum of 10% of profits. Faced with this lack of transparency on the part of the minister it is perfectly legitimate to raise questions about the real profit margin to be agreed on between the parties. For the Federation, using the for-profit private sector to carry out a project is totally unacceptable. In addition to denouncing loud and clear this excess, the Federation, believes that the minister has an obligation to make public the results of the negotiations with the clinics in order to inform the population of how public funds are used to fund the profits of the owner physicians.

For the FIQ, it is troubling and disturbing to find that the Rockland MD clinic is one of the designated clinics in the notice. Actually, this clinic is presently being sued in court by the *Régie d'assurance-maladie du Québec* (RAMQ) (Québec Health Insurance Board) for illegal billing of patients. And, the evaluation and analysis of the recent experience between the *Hôpital du Sacré-Cœur de Montréal* and this clinic does not say a great deal for the expected returns. It was recently learned that the *CIUSSS du Nord-de-l'Île-de-Montréal*, in which is found the *Hôpital du Sacré-Cœur de Montréal*, had succeeded in reducing its surgical waiting lists since the Rockland MD clinic was no longer doing surgeries³.

² Section 24 of the notice

³ Héloïse Archambault. *Moins d'attente depuis la fin des chirurgies envoyées au privé. Le rapatriement à Sacré-Cœur des opérations faites à la clinique Rockland est réussi.* Journal de Montréal, March 21, 2016

The FIQ feels that the pilot project contains a significant methodological bias and the latter could ultimately falsify the results of this experience. In fact, it is utopic to believe that the transfer of the costs of a very specific care episode to a setting such as a private surgery clinic will correspond to the costs for the same care episode looked after in the public healthcare network. They are very different realities and settings and unfortunately the premises of the pilot project proposed by the Minister of Health in no way takes this into account.

So, for the FIQ, it is obvious that only the patients whose general health condition is relatively good will be referred to the private clinics. For the higher-risk patient, the same surgery will automatically generate higher costs and will obviously be done in the public institutions. In addition, if the experimental project is equivalent to the care provided in the network, according to the minister's claims, how does it happen that the preoperative care and the postoperative follow-up remain the responsibility of the public institution? In these conditions, the private clinics could be tempted to cut corners on the quality in order to increase the profits dumping the possible complications on the public institutions. The Federation believes, just like the others⁴, that the results obtained from this pilot project cannot accurately and seriously determine the costs linked to a specific care episode in a network institution.

The FIQ is questioning the terms of the transfer and the application of the costs determined by the pilot project to the public network. At what time and in what way will the historic budgets be slashed to install procedure-based funding? According to the Federation, these are all questions which deserve clear and precise answers from the minister and the government before going any further with this project.

Moreover, the FIQ believes that there are issues linked to the quality and the safety of the care in this project and that these issues deserve very specific attention. Although the clinics involved in the project are subject to the obligation of obtaining accreditation from an accreditation body recognized by the Ministry of Health for the services that they provide⁵, the Federation finds, with a certain amount of concern, that the private clinics will be solely responsible for the training and maintenance of the skills of the personnel who will be assigned to the delivery of care. Incidentally, the Ministry of Health is renouncing its responsibilities of employer and of providing care delivery even though public funds are used to pay in part the personnel in these clinics.

⁴ H  l  ne Lecl  re, physician and teacher, Faculty of medicine Universit   Laval. *Un jupon qui d  passe*. Libre opinion, Le Devoir, March 1, 2016

⁵ Section 333.4 LSSSS

According to the provisions in the notice, the rights and obligations of the patients who choose to have their surgery in a private clinic are the same as those that they have when they receive care in a public institution. Nevertheless, for the FIQ, it is far from being certain that the patients can benefit from all the rights set out in an Act respecting health services and social services (LSSSS) because the majority of the people giving the care are not under the responsibility of the public institution. For example, it would seem unlikely that a patient can file a complaint with the Commissioner of Complaints for her institution to denounce a situation involving a healthcare professional who is an employee of a private clinic. However, the minister keeps repeating that the patient must be at the heart of the network and that the reforms undertaken by the government since fall 2014 reflect this desire. With all due respect, the FIQ no longer believes this.

The public institutions have obligations towards the safety of the care that the private clinics are not subject to. For example, the LSSSS stipulates that the Minister of Health must keep a national register of “*incidents and accidents having occurred during the provision of health services and social services*”⁶. This register is supplemented by the local registers in the healthcare institutions. What will happen to these obligations when the delivery of care is transferred to the private clinics as part of this pilot project? Nothing in the notice says that the clinics will be subject to these rules. Consequently, in the event that the privatization of care delivery results in a reduction in safety measures for the patients, the FIQ is asking the Minister of Health, because he is the instigator of the project, to guarantee the same safety of care at the private clinics for the entire duration of the project for all the population.

Considering the preceding and faced with his barely veiled intentions to privatize a part of the public healthcare network, it is completely legitimate to question the next step. Claiming to reduce the waiting lists and to guarantee access, it is completely imaginable to foresee that the present government will try to increase the type of surgeries likely to be performed in a specialized medical clinic and thus allow the insurance markets to develop duplicate insurance, legal since the Chaoulli decision⁷.

To justify his reforms and back those to come, the Minister of Health is trumpeting far and wide that several countries have already made similar changes and that the results are extraordinary. However, he is being very careful not to specify that several elements of the context in which these changes were introduced were often completely different from ours. The method of remuneration and the status of the physicians, a mixed healthcare system, a preponderant role of the healthcare professionals, the population ratios and density are only some of the elements which directly influence the results of a reform of the funding of healthcare institutions. Consequently, the FIQ wants to remind the Minister of Health that it is dangerous to compare and predict the benefits of reforms introduced in environments that are often very different. For the Federation, the public healthcare network is and remains the best way to guarantee safe and

⁶ Section 431.6.2 LSSSS

⁷ Chaoulli v. Québec [2005] 1 RCS 791

quality health care and services to the entire Québec population. Every one of the breaches imposed threatens the principles of accessibility and universality of care. The Federation will follow this pilot project very closely and it will be its duty to denounce loud and clear any attempt to dismantle the Québec public healthcare system.

In conclusion, we hope that these comments and concerns from the healthcare professionals that we represent will be taken into consideration by the Minister of Health and that they will convince him to remove this experimental project of comparison of costs.

Yours truly,

The President,

Régine Laurent

RL/SP/KC/fp/SM