

**THE FSSS
HAS A VISION
FOR THE
FUTURE OF
THE PUBLIC
HEALTH
AND SOCIAL
SERVICES
SYSTEM**

AGREEING ON THE CHALLENGES

Many of us are giving serious thought to the future of the public health and social services system. The reason this is so relevant is that more and more voices are being raised to demand that our system become more efficient. What the general public is especially concerned about is the issue of access to care and services. So there comes a time when we have to put forward promising proposals to meet these challenges. The FSSS is doing this by proposing a vision for the future.

CHALLENGE #1: ACCESS TO CARE AND SERVICES

The population values and is attached to its public health and social services system. Poll after poll indicates that citizens are satisfied with the quality of care and services they receive. They are, however, increasingly dissatisfied about having to wait too long for care. They therefore become increasingly critical and some would even like to see a larger role for the private sector in the system.

Improving access means making sure that everyone can receive the care and services they need, when they need it. It's the most efficient way of delivering health care and social services to the population, because it means that we avoid people's situations becoming worse, requiring more demanding and more costly care and services.

Access to care and services is therefore the leading challenge for the health and social services system. Not only is there a clear demand for it from the population, there is also a strong consensus among the various parts of the system. Think simply of the conclusions reached by the first national rendez-vous on the future of the public health and social services system, during which, at the initiative of the FSSS, all the groups and partners in the public system met to identify the main challenges facing our public system.

MOVING AWAY FROM A SYSTEM THAT REVOLVES AROUND HOSPITALS

To meet this challenge and ensure that everyone in Québec has access to health care and social services, there is a broad consensus that we have to move away from a system that revolves around hospitals. The point of entry into our system is still all too often the emergency department, even though we know that many people could receive care elsewhere if adjustments to the system were made.

It is absolutely essential for our system to develop efficient primary care, relying on the work of multidisciplinary teams. We also have to find ways of treating chronic diseases efficiently and effectively, especially



The population has to have access to health care and social services 24 hours a day, 7 days a week, outside emergency departments. A doctor isn't always necessary. We should also rely on multidisciplinary teams. Better access must be the priority.

On all these matters, the majority of people working in the system agree. Yet in reform after reform, the government stubbornly insists on reshaping structures instead of establishing broad-based, accessible primary care that could constitute an efficient point of entry giving the population access to services and care.

LOOKING AT PROPOSALS FOR THE FUTURE OF OUR SYSTEM

Despite general agreement on the challenges we face, there are disagreements when it comes to considering what should be done.

Given the urgency of the situation, it is no longer enough to pinpoint the problems and obstacles. It's also necessary to propose concrete solutions.

For the population to receive the care and services that it expects, the FSSS-CSN proposes three priorities:

1. WORKING TOGETHER
2. PUTTING AN END TO THE MIRAGE OF PRIVATIZATION
3. REINVESTING IN OUR PUBLIC SYSTEM

1. WORKING TOGETHER

The FSSS-CSN's first proposal is to do a better job of working together.

BEGIN BY TALKING TO EACH OTHER

It's true that co operation among the various groups, partners and workers in the system is not always easy. All too often, the reflex is to protect one group's prerogatives vis-à-vis another's. It is increasingly clear that corporatist reflexes like these do not serve the population.

We can see that this trend is changing, though. At the initiative of the FSSS-CSN, two national rendez-vous were held. At these conferences, one of the first proposals was precisely to bring together all the components and partners in the system around the same table to first discuss the challenges we face and then propose shared solutions.

The *national rendez-vous on the future of the public health and social services system* were opportunities to bring together union and employer organizations, physicians' federations, professional orders, user representatives, community groups, advocacy groups and coalitions to work out consensus on solutions to be implemented. In the wake of these national conferences, the partners agreed to continue working together.



Faced with an authoritarian government imposing an umpteenth structural reform, it's in our interest to develop collaboration among everyone involved in the system so as to improve access to care and services. We need to set aside corporatism and all work together to meet the needs of the population. The best solutions come from the women and men who provide the services on a daily basis. That's what we should work towards.

DEVELOP OUR MULTIDISCIPLINARY TEAMS

One of the most promising solutions for the future of our public system seems to be the development of our multidisciplinary teams. Throughout Québec, workers in health care and social services have complementary knowledge and skills that are clearly underused at the present time, notably because various domains are reserved exclusively to one group or another.

It is essential to rely on each participant's knowledge and skills to develop multidisciplinary teams serving the needs of the population. For example, the role that nurses, nursing assistants, technicians, professionals and beneficiary attendants can play in providing quality care must be better defined.

MANAGE DIFFERENTLY

We also have to change the way the health and social services system is managed. Simply put, the management approach inspired by private enterprise has to be junked and replaced by the development of clinical management grounded in research and sound, evidence-based data.

Clearly, new public management, which says that our public institutions should be run like businesses, simply doesn't work. And for one very obvious reason: we aren't selling canned goods produced on an assembly line; we're supporting and caring for citizens grappling with complex problems!

For years now, managers have been trying to outdo each other introducing financial indicators that are basically designed to apply budget cuts and put our public system to work at serving private enterprise. This hasn't brought down costs or improved services – on the contrary! But it has helped a number of private companies get rich at the expense of the population's health!

There is no doubt about the professionalism of the people who dedicate themselves daily in our health and social services system. They have to be allowed to do their work, freed of the bureaucratic straightjacket that stifles them today.

What has to be done instead is to develop clinical management that starts from the needs of the population to organize care. The numerous financial indicators that currently complicate and weigh down management of the system should be replaced with qualitative populational indicators that make it possible to measure the impact of services on the population's health, in a perspective of continuous improvement in the accessibility and quality of services.

THE ELEPHANT IN THE ROOM: THE ISSUE OF DOCTORS

To put it bluntly, one of the biggest obstacles to the transformations that are necessary to improve access to care and services comes from powerful groups that protect their interests first and foremost, starting with the lobbies of doctors and the pharmaceutical industry.



Instead of always giving physicians the conductor's baton in the system, why not develop a vision in which all workers have an essential role to play? And why not find ways of making the medical dimension more consistent with the other dimensions of health care and social services? How can the system evolve coherently and become more efficient when the medical aspect on the one hand, and the other aspects on the other, evolve separately, each in accordance with their own logic?

A way has to be found of making the objectives pursued by the public health and social services system and those of doctors more consistent, so that the system is entirely in the service of the population.

One of the big obstacles in this regard is the method of paying physicians. We have no problem with good incomes for physicians. But the consequence of the fee-for-service method is to seriously limit better access to care, because if we succeed in improving access to care and physicians can treat more patients, it will cost more. In other words, right now productivity gains result in higher costs for medical services. Furthermore, fee-for-service payment encourages an approach to medicine that encourages

volume and productivity, when instead what should be encouraged is proactively tackling the most necessary and pertinent priorities.

Working together starts with setting aside our corporatist interests and private preserves and working collectively to improve access to care. The population will simply not accept that we can't provide concrete solutions for the future. It is crucial to take action to counter the gradual erosion of our public system.

The method of payment for physicians should also limit overdiagnosis and overtreatment and promote the delivery of relevant care and services.

2. PUTTING AN END TO THE MIRAGE OF PRIVATIZATION

To succeed in improving access to care, the mirage of privatization has to be abandoned once and for all, because all it does is waste valuable time. Instead of working to create business opportunities, why not concentrate on promoting our public services, which are the best way of meeting the needs of the population?

WHAT IS PRIVATIZATION?

In the debate on the place of the private sector in health care and social services, the first point of disagreement is how privatization should be defined. Management, funding and the delivery of care and services can all be privatized. To preserve our public services, it's not just a matter of maintaining public funding for services that would be delivered or managed by a private provider. The public management and delivery of services by employees of the public system also has to be maintained.

Using this comprehensive definition of the phenomenon of privatization, we can assess the results of cases of privatization that have occurred in recent years in the health and social services system.



SOME EXAMPLES OF FAILURES OF PRIVATIZATION

The glitches and failures of privatization are making the headlines more and more often, showing that the private sector is simply a mirage served up continually by business interests.

Privatized funding generates a multi-tiered health-care system in which access is determined by a person's financial resources rather than need. Privatized management leads to a bureaucratic, bean-counting approach that stifles the system. Privatized delivery results in problems with the quality and continuity of services. Each of them generates additional costs and causes a loss of efficiency. There is nothing to be gained from privatizing our public system and turning health care and social services into marketplace commodities.

We have seen that the role of the private sector has been growing for years now, particularly in the delivery of services. Private funding accounts for 30% of what is spent on health care in Canada – higher than the average for OECD countries. Private spending on health care in Québec reached an average of \$2,520 per household in 2012, or 10% more than the Canadian average.

One of the forms of this privatization crystalizes around the expansion of private clinics in primary care. The existence of these clinics doesn't help improve access to services. Worse yet, the government is getting ready to standardize the imposition of accessory fees that doctors charge to patients. Thus, access to a physician will be limited for people who can't pay the fees. Not to mention that to have access to various services, be they diagnostic, dental or professional, people already have to pay out of their own pocket or through private insurance.

Since they will be able to pay, it's obvious that those who are better off can easily have access to health-care services by using the private sector, but what about the others? And the result won't be to improve access to public services for the rest of the population, for one simple reason: resources are not unlimited. Doctors and nurses who leave to work in the private sector are no longer available to reduce waiting lists in public institutions.

As Alain Vadeboncoeur (basing himself on a study published in the *Journal of Health Politics*) has explained, "In countries and regions where the private sector has expanded the most, wait times in the public sector have become longer."

And what about the P3 experience? P3s were supposed to be a way of saving on costs by relying on private investment. After the fact, though, we can see that P3s in health care will cost a lot more than projected. Last October, IRIS published a study showing that the public could save \$4 billion if it bought back the P3 contracts for the university hospitals. Private investors reap the profits, while the public system takes the risks.

PRIVATE DELIVERY IS NOT A SOLUTION

Examples of the development of private delivery of health care and social services are increasingly common. Minister Leitaó announced that the government intended to privatize services that didn't deliver direct services to the population. The Couillard government defends a narrow vision of the services provided in our public institutions. Yet relying on public expertise to provide support for care teams would be a way of being more efficient and saving public funds.



Health and social services institutions are, for example, increasingly resorting to private contractors to do the work of skilled workers. It costs up to 45% more in the private sector as well as causing a loss of public expertise for the maintenance of our institutions. This is what is also happening in home care, where the government wants to get rid of health and social services aides, although they are the best choice for monitoring the health of seniors living at home.

In a number of cases, we have been able to show that resorting to the private sector is more expensive and results in services that are of poorer quality than those provided by the public sector. In fact, what studies have found is that non-profit services are the ones that offer the best, most accessible services.

We were successful in our campaign to maintain the Sorel laundry as a public service. We succeeded in incorporating a public kitchen into the CHUM modernization project. We obtained a moratorium on the closing of continuous assistance resources (RACs) in CRDITEDs, and managed to preserve administrative services in the public sector in the Estrie.



3. BANKING ON OUR PUBLIC SYSTEM

Finally, the solution for improving access to health care and social services is to invest all our energy and resources in consolidating our public system. Our public health and social services system can be a fundamental tool in the struggle against growing social inequalities, on the condition that we put a stop to its gradual erosion.

END THE CUTS IN SERVICES

Ending the budget cuts is the first step that must be taken to consolidate our public system and give us the time to implement the solutions that are necessary to improve access to care. It is increasingly clear that these are directly harming services to the population. Without a clear vision for the future of our system and courageous proposals for saving public funds, institutions are forced to cut back on services: fewer baths, longer waiting lists, services eliminated. Nothing to improve access and the quality of services; on the contrary.

A sizable chunk of Québec's budget is spent on the health and social services system. To be able to maintain the basket of services and improve access to care, innovative solutions must be introduced.

Public health, which means prevention, has suffered seriously from the cuts to health care and social services. While these cuts help the government balance its budget in the short run, in the longer term their impact will be catastrophic. Working on public health and prevention in all parts of society is the way to both control costs and keep the population in good health. This should be the ultimate goal of the Ministry of Health and Social Services. Attacking public health and prevention is like sawing off the branch we're all sitting on. The government must make public health and prevention a fundamental principle guiding all its work.

RELAUNCH THE OFFENSIVE

We have to relaunch the offensive in favour of the public sector that was begun in the 1960s and 1970s. To save public funds for reinvestment in services, for example, we should introduce an entirely public drug insurance plan. The potential savings with such a plan could top \$3 billion. Our government is very quick to cut back on social assistance, but much less courageous when it comes to taking on the pharmaceutical industry and other powerful lobbies. Yet there are billions of dollars at stake here, money that could be used to improve access to care.

The same goes for the P3s. The management and maintenance of the two university hospitals in Montréal will be left in the hands of the private sector for 30 years. Not only are these contracts cloaked in great obscurity and tainted by suspicions of corruption, the continuation of these P3s is also liable to prove very expensive for us.

Contracting-out is another scourge of the system. It affects nurses, beneficiary attendants, skilled workers and various other job titles. The situation is so disturbing that in the last round of bargaining, the government agreed to examine the matter. Contracting-out amounts to losing expertise and incurring higher costs.

IMPROVE THE WORKING CONDITIONS OF PERSONNEL IN THE PUBLIC SECTOR

Limiting the use of contracting-out takes better recognition of the contribution that workers in the system make. This means pay in particular. Because providing quality services and better access takes qualified personnel with good working conditions.

The exhaustion of workers in the system is a very serious concern. Implementing the solutions we are proposing would allow for the reinvestment of large amounts of funds in services and ease the workloads of personnel to improve access and the quality of services.

Investing in our public services and the people who work in them is also an excellent way of reviving our economy. As an IRIS study shows, public services have a major impact on the economic health of our regions.

THE FUTURE OF THE PUBLIC SYSTEM AND ACCESS TO CARE ARE INTIMATELY RELATED

The question asked by anyone considering the health and social services system is how to improve access to care. For us, it is obvious that the answer to this is to count once and for all on our public system.

The sole consequence of the current erosion of our public system is to encourage privatization, which means poorer quality services, higher costs and growing social inequalities.

Reducing inequalities requires defining the objectives we want to achieve in terms of public health and well-being, and then identifying the means at our disposal to get there. In the last 30 years, inequalities have grown steadily. It is up to us to get the revenue needed to give ourselves a system that meets the needs of all.



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The Fédération de la santé et des services sociaux (FSSS–CSN) has close to 130,000 members in the public and private sectors. The FSSS is the largest union organization in the sectors of health care, social services and child care. The FSSS–CSN works for a fairer, more democratic society with greater solidarity.

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